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MALARIAL TOXAEMIA AS A CURE OF PUERPERAL CONVULSIONS: WITH REPORT OF TWO CASES.

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GURLEY, ALA.

To first argue the theory that malarial toxaemia may and does produce the accumulation of symptoms known as eclampsia, it will first be necessary to bring before you the cause of eclampsia. Eclampsia is not really a disease, but an accumulation of symptoms that we recognize as a disease but have certain and well defined causes for their production—they are a collection of symptoms characterized by convulsions of epileptiform seizures that come on prior, during, or after labor, but looking at it from an etiological or pathological standpoint is no more a disease than fever is a disease, but as we never have a variation from the normal standard of health without a cause, so in this disease we have a real etiological factor and to the study of this I now hasten on.

The physician who makes systematic examinatons of the urine of all pregnant women who are placed under his care for the ordeal of delivery, not alone for albumen and casts, but for urea also, and who keeps check on amount of urine passed during the twenty-four hours, such a physician will never be caught napping and he will rarely if ever have a case of puerperal convulsions to treat. So easy to prevent, but when once they come on they are sometimes fearful in their effects, we know with diminished urea that toxaemia is more apt to take place, so you may and do have toxaemia though there has been no suspicion of nephritis throughout the pregnancy, but as the danger of urea

collecting in the system producing toxaemia which we claim is the underlying cause of eclampsia.

The clinical symptoms in cases differ some, but in most cases we have some of the most prominent symptoms of a blood toxaemia and we have some warnings that some impending danger is about to overcome our patients. The first symptoms are those we attribute to the poisoned blood, effects upon the sensitive nerve cell and headache very constant, symptom in all these cases, floating specks before the eyes, very often very sick stomach, difficulty of mind concentration, and in all cases some variation of normal standard. Upon examination of urine you will find diminished excretion so the balance between excretion and secretion are disturbed so you have then the cause that produces the effect and results in blood toxaemia. You may have albumen and casts, it is owing to whether you have nephritis complicating your deficiency of excretion or not, should you have this condition of course much worse for your patient. Now have your most prominent excretory organ diseased and you have quite a much more complicated state to treat. When we accept that the difference that exists between secretion and excretion that we have in disease as the true cause of toxaemia, and accept the theory that toxaemia is the real etiological factor causing this collection of violent symptoms, we call eclampsia. The study of this disease is quite simple for it offers us a reasonable, sensible theory of its causation and does away with the old worn out theory of the pressure of the gravid uterus upon renal veins—a theory that now has no adherents and was never at any time worthy of the sanction of medical men. Of all the ridiculous theories I have ever read, it had less to commend it than any theory I have ever read of upon any disease, and this old worn out theory has done more to make this purely symptomatic disorder difficult and complicated than anything else. We know when the body is in healthy normal condition there is perfect balance between the secretory an excretory organs.

Now let's see what happens when we have this balance disturbed. We have the blood taking up the waste products of cellular action and then we have blood that is pathological and capable of producing disease in our body. During the pregnant state the blood alters in quality, also in quantity, becomes more watery. Albumen and urine falls below the normal and when we remember that all activity is greatly increased during pregnancy excreminitious substances quickly collect in our system, great strain put upon the organs of excretion and at any time this condition of equilibrium between secretion and excretion may be disturbed and we have all the necessary conditions to produce a genuine fit, and it stands very much to reason if this is

apt to occur and does occur where there is no nephritis complicating the toxaemia it will much easier occur where you have a nephritis. When a woman becomes pregnant who has chronic nephritis she is in grave danger of the grave affection of eclampsia. She should be carefully watched after and she can safely be carried through her pregnancy by treating her intelligently along the lines of elimination of waste products and the failure of elimination of the kidneys when diseased is about all the kidneys have to do with eclampsia—that is to say, failure of the function produces or predisposes to blood toxaemia, and should the skin, bowels and lungs act vicariously we may then not have eclampsia, no matter how grave the kidneys are affected. It is very probable that nephritis may be sometimes caused by blood toxaemia, poisoned blood being constantly filtered through the tubules of the kidneys producing irritation and causing them to shed their epithelium and render the tissues good and favorable soil for bacterial development and then we have a true inflammation.

Now if we accept the theory of blood toxaemia as the underlying etiological cause of eclampsia, then we come to our subject proper, malarial toxaemia. We find the same charging of the blood of excrementious substances as we do in any other blood toxaemia; we find the balance existing between secretion and excretion disturbed and find blood charged with malarial parasites as well as other poisonous substances. So I do not claim that malaria itself causes puerperal convulsions proper, but its effect upon the secretory as well as the excretory organs is such as to keep the balance disturbed and blood toxaemia results same as from any other causes, the eclampsia comes on as a consequence of this toxaemia. In malarial toxaemia we find that there is diminished urea, also diminished amount of urine passed during the twenty-four hours. Variations in function of liver and other secretory organs as well as the other excretory organs. Then if some condition that we recognize as eclampsia comes on from this blood toxaemia from the etiological factors, why not from malarial toxaemia. That it does I think my two cases establishes without a shadow of a doubt.

FIRST CASE.

Time, July 20, 1900; Mrs. W. H. H.; first pregnancy, age 21. Stout robust woman, seven months advanced in pregnancy. I will here state I was never asked to wait on her during her confinement. Was sent for on July 20, 1900; patient lived seven miles in country; the messenger said patient was pregnant and had a fit. I suspected trouble and went prepared with the usual remedies. I found her at 2 o'clock in night

having convulsions and unconscious between the attacks, which came on at intervals of about 15 minutes. My first procedure was to perform venesection, which I did successfully, obtaining dark easy co-agulated blood. The convulsions continued on. My next procedure was to give 10 drops Tr. ver. vir. and repeated in one hour. Convulsions continued. During this time I was administering chloroform, but deep chloroform narcosis only controlled the convulsions and did not prevent them returning. Upon examination I found uterus dilated. With my two first fingers I hastened dilatation—head come down, applied instruments and delivered child, which was dead. The convulsions continued. I then gave 60 grs. Bromide Pot. and 30 grs. chloral per rectum, but convulsions still continued. It was now noon, July 21, 1900. I came home, returned at 3 o'clock. She was still having convulsions. Upon examination I found her axillary temperature 104. At 5 in evening she had a free sweating stage. Convulsions continued. I suspected malaria. Gave 10 grs. Bisulp. quinine, hypodermically; repeated in 4 hours. After first dose of quinine she had only three convulsions; when they ceased she became conscious at 4 o'clock on morning of July 22nd. I continued use of quinine; she made a rapid recovery. I will also state no albumen in urine though upon inquiring found she had the premonitory symptoms, though no oedemia of legs.

SECOND CASE.

August 15, 1901. Mrs. E. C. L. Fourth pregnancy. She had never had any complication of pregnancy, but had had phlegmasia. Was at her bedside when first convulsion came on. She lived in an intensely malarial section. Upon examination found uterus dilated. Applied instruments, delivered her of full grown, very well developed child, which lived. At the time of her first convulsion, during the interval, found axilliary temperature 103 1-2 in 2 hours; by wrapping in warm blankets sweating stage came on. She had had up to that time six convulsions. Remembering my experience with the other case I gave her quinine, same method as my other case. One hour after first dose convulsions ceased. She never had any more convulsions and made an uninterrupted recovery. Now if you say that it was my treatment other than quinine in first case, it certainly could not have been that in the second case. I bring the subject before the Society with the report of these two cases, and hope the discussion may prove beneficial to us mutually. I do not know your views upon the subject, but I am convinced that the eclampsia was caused solely from malarial toxaemia,

THE CONSERVATIVE SURGICAL TREATMENT OF APPENDICITIS.*

By W. E. Fitch, M.D.,

SAVANNAH, GA.

Mr. President and Gentlemen:

When asked by the efficient chairman of our programme committee to prepare and read a paper before this meeting, I was at a loss to decide upon a subject which would interest you, but felt that thought and experience justified the choice of a topic of such widespread interest as the one I have chosen, even though the literature of the past few years teems with contributions to the subject. It needs no apology that I should speak of that which has appalled the modern surgical world by its gravity and ravages, and taken from us some of our brightest lights, best leaders and co-workers—Agnew, Little, Griswold, Lincoln, and a host of others—which has come to the doors of our homes and stricken so quickly when it does come. The subject has few rivals in the domain of surgery, and takes first rank today with typhoid pneumonia and rheumatism in medical thought.

There is yet a widespread division in practice as to the wisest care of any case; one class of practitioners will urge a non-operative course of treatment, others will urge an immediate operation.

I shall therefore speak on The Conservative Surgical Treatment of Appendicitis, and will not attempt to review its history, nor worry you with statistics, or make an exhaustive consideration of the subject, enumerate the numberless contributions to its literature, nor reiterate the oft-repeated methods of operation, but will try to impress upon your minds the advantages of, and necessity for, the early operation in all cases of appendicitis.

The term "conservative surgery" is misleading, and as interpreted frequently conveys the wrong impression. It usually implies refraining from an operation. Ideal surgery, in the broadest application of the term, is preventive surgery.

What is conservative surgery in appendicitis, and to which class of practitioners does the term apply? Those who operate promptly, delaying no longer than necessary to make careful preparation; or, those who wait for symptoms which render an operation imperative; or, again, those who, as a matter of routine, trust to the vis medicatrix naturae, plus diet, rest, opium, and purgative salts ad nauseum?

*Read before the Tri-State Medical Society of Georgia, Tennessee and Alabama, at Nashville meeting, October 8, 9, 10, 1901.

What does the practice of each of the above classes of practitioners conserve?

What is gained by non-operative treatment? Possibly an operation for the time being, but it is highly probable that cases so treated will recur (McRae) and ultimately have to seek surgical intervention; the appendix, a useless organ, is saved to be a constant menace to future life. Why retain it when its removal causes no disturbance of anatomical or normal relations, nor change in the functions of other organs, and is followed by no consequent disturbing sequences?

We hold that non-operative treatment is justifiable only when the consent of the patient, or those responsible for him, cannot be obtained; or, when he is placed under conditions such as may prohibit the employment of proper surgical aid.

Does operative intervention prolong life, health and usefulness? We answer in the affirmative. What, then, are the indications for chirurgical treatment?

I. In all cases when severe symptoms come on suddenly, either at the beginning or during the course of the disease.

II. When, in a mild case, the symptoms gradually increase in intensity to the end of the second day.

III. Patients in whom radical measures are undertaken sufficiently early in the attack (before the end of the first twenty-four hours) to give uniform assurance that the infection is confined to the appendix, and to those especially who having been treated medicinally with recovery, are consequently the more liable to a recurrence.

IV. Cases which hold out a reasonable hope that the appendix can be removed with safety, although infection has passed beyond that organ. This condition arises about the end of the third or beginning of the fourth day.

V. Cases in which the question simply resolves itself into that of opening an abscess formed in a mass of adhesions, which condition usually occurs at the end of the fifth day.

VI. When, with abdominal distension, a pulse of 120 or over, diffusion of pain, and other evidences of general peritonitis come on at any time during the course of the disease.

We should operate as soon as the diagnosis is confirmed, and the necessary preparations can be made, except in some cases in which having been treated medicinally, the surgeon is not called until the third, fourth or fifth day of the attack. The question then arises whether or not operative procedure is contraindicated on account of the impossibility of removing the appendix without breaking down

the adhesive barriers which nature has thrown out to protect the peritoneal cavity.

We may be confronted by cases and conditions in which it is too late for an early and too early for a late safe operation. In deciding this question, which will depend upon the experience of the operator and the facilities at his command for meeting emergencies as they may arise.

With thoroughly competent, well trained assistants to keep the field of operation well isolated from the rest of the peritoneal cavity as well as the small intestines out of the way, the operation at this period of localized peritonitis, with or without sero-purulent collections, is both safe and advisable. However, it will be next to impossible to avoid breaking down some of the adhesions, but with care on the part of the operator, and a perfectly trustworthy assistant, removal of the appendix may be accomplished without undue risk of infecting the general peritoneal cavity. The present consensus of opinion of the leading surgeons inclines to an early operation.

Dr. George R. Fowler of Brooklyn says: "As soon as the diagnosis of progressive appendicitis is assured, the abdomen should be opened and the appendix removed."

Dr. Charles P. Noble, of Philadelphia, adds: "Every case, promising or unpromising, should be treated by a surgical operation at the earliest possible moment."

Dr. Cartledge of Louisville states: "We should operate on every operable case as soon as the diagnosis is confirmed."

Mistakes are made by waiting and watching for symptoms to manifest themselves, and thereby rob the patient of one of the best means known to science at the present day of saving life in this dreadful disease."

Dr. McBurney avers "that an operation in indicated before the pathological process has reached a very advanced state. This cannot be measured by time. In some the rapidity of the process is very marked, in others, very slow. Some patients call an attendant on the first day, others not until the second or third."

Dr. Hurd asseverates that, "The most successful operations are those performed within twenty-four hours after the onset of the attack."

Dr. Gage of Boston asserts that, "The earlier the operation, the less need of drainage, and the firmer the abdominal wall. Surgeons seldom regret an early operation."

Dr. Richardson, reporting one hundred and eighty-one cases, concludes as follows: "An operation is called for immediately in a sud-

den severe attack of appendicitis with pain, vomiting, more or less distension of the abdomen, with a high pulse."

Dr. Myer of New York avers that, "In acute appendicitis, if the pulse goes above 116 or 120, the indication is for an immediate operation."

My experience coincides with the views of a large number of representative surgeons that the early operation is the only treatment upon which reliance may be placed for a definite and curative result in the vast majority of cases.

In surgical treatment the course advocated should be instituted, and when feasible the appendix removed, even though surrounded by pus. The medical treatment should consist in the administration of a purgative and the local application of ice over McBurney's point, and kept up until the surgeon arrives.

Morphine and opiates should never be prescribed lest they mask the important symptoms which act as operative guides, pointing out the complex and critical process within and around the appendix; when administered they delude the practitioner into regarding as treatment what is nothing of the kind, and persuades him to fatal procrastination and thereby robs the patient of the only chance of recovery.

Opium and its alkaloids paralyze the nervous tone of the bowels and lessen resistance to microbic proliferation. The drug, by holding the bowels quiet, allows pus to become encapsulated by adhesions, arrests secretory functions, and renders diagnosis exceedingly difficult. Statistics of early operations, i. e., when performed during the first twenty-four hours, show a mortality of from 1 to 2 per cent., operations in some severe cases, and for suppuration gives a mortality of about 25 per cent. Between the extremes, 14 per cent.

Treves is generally considered a good authority, and the writer mentions him because he believes him eminently "conservative" in his statements at least, although not one whit better surgeon than a score of those in America.

Treves says of mild appendicitis, or perityphlitis, 99 in 100 recover (after operation). Of appendicitis with localized suppuration, 27 cases recovered and 2 died. Of diffuse peritonitis from appendicitis, 3 recovered and 20 died; 3 without operation. Relapsing cases, 42 in number, 37 operated and recovered, 5 recovered without operation, 5 complicated with other conditions, 2 recovered and 3 died.

The advocate of the "waiting and purging class" will argue that to operate too early is to operate unnecessarily, and while forced to

admit the strength of their logic, it is nevertheless true that timely intervention is always preferable to voluntary procrastination.

Dr. Fowler of Brooklyn, in discussing this point, says: "A case demanding operation inside of twenty-four hours from the commencement of the attack is exceptional; but a case which is not practically well at the end of that time should be made the subject of operative interference without delay."

The conservative surgeon should by no means limit himself to this rule. In cases with severe symptoms, such as high temperature, quick, rapid pulse, and a succession of rigors, conjoined with exquisite tenderness in the right iliac fossa, and an anxious facial expression, do not waste valuable time in waiting for other manifestations, but resort to the knife immediately—unless, of course, you wish to have a funeral.

If called late, after diffuse septic peritonitis has developed, operative measures are still conservative and should be instituted. Infection of effused serum following peritonitis, not necessarily suppurative, offers sufficiently encouraging results to impel the surgeon to give the patient the benefit of the skill at his command. The case is not essentially hopeless, even after general suppurative peritonitis has commenced, although the chances for recovery progressively diminish with the lapse of time following its incipiency.

Recently in my practice a case presented itself after the development of the aforesaid condition. With the beginning of peritonitis symptomatology became characteristic, the abdomen had a board-like hardness, the temperature rose to 104 F., the pulse to 156; these symptoms were accompanied by chilly sensations, exquisite tenderness in the coecal region, and a pinched, anxious facial expression.

As soon as called an immediate operation was advised and accepted. The little fellow made a slow but uninterrupted recovery and is now able to play daily with his companions, and suffers no inconvenience. An early operation, of course, implies an early diagnosis.

Typical cases should be easily diagnosticated, but, as in other diseases, many atypical cases are seen, and the practitioner who awaits a chain of symptoms with no missing link will not infrequently delay too long. As Dr. Joseph Price of Philadelphia has rightly expressed it, "Procrastination is the fool's paradise." Of the many valuable truths impressed by Dr. Senn, few are more important than the assertion that, "A physician cannot be well rounded and complete as such unless he is a good surgeon; and the well-rounded surgeon should also be a good physician."

Prof. Hare tersely remarks: "The wise physician is he who calls in the surgeon early, and the wise surgeon is he who is ready to operate at a moment's notice."

Dr. Hugh Taylor of Richmond voices this sentiment: "If the delayed operation is good few will deny but that the early operation is better."

Preventive surgery is, in the broadest sense, conservative. Opportune intervention seeks to prevent the disastrous consequences of appendicitis, and is ideal when compared with the desperate results sometimes obtained in operations in neglected cases which have been drenched too long with purgative salines and kept too long under the quieting influence of opium.

Often valuable time is lost and bright and useful lives sacrificed in attempts to send acute cases to the city for operation. This course cannot be pursued with safety in cases of gastric, duodenal or typhoid perforation; neither in strangulated inguinal hernia nor acute appendicitis can it be commended.

Advocates of non-operative methods of treatment will claim that it is infinitely better for the doctor unskilled in operations to trust opium blisters and salts than attempt an amelioration of his patient's condition through the instrumentality of a procedure with which he is unskilled. That with purgatives, poultices and analgesics he can sooth his patient into a premature grave is non-disputandem.

McDowell, Long, Simms and others have shown the world what cross-road doctors can accomplish. Encourage the country physician to do an appendectomy while it is simply surgery. Far better an early operation, preventive in scope, by an amateur than one too long delayed and consequently of hopeless prognosis, although done by an experienced master. Minor surgery is the incipiency of the attack; major and not infrequently forlorn surgery, when the bowels are distended and paretic, the appendix rotten and surrounded by a stinking and corroding pus, producing intense toxaemia.

Such cases demand the highest possible surgical skill and entail a death rate of fearful magnitude.

It is claimed by the best surgeons that seventy-five per cent. of the cases treated medicinally recur and require constant medical supervision, or else demand prompt surgical intervention. It is a well recognized fact that the number of attacks furnishes no index to the extent of adhesions. In one attack there may be extensive matting, while many may occur with but little local damage. All are agreed, however, that each onset predisposes to a recurrence. And conservative surgery does not necessarily mean delayed intervention, for in skilled hands the knife is one of the greatest conservative agents known to surgeons.

SOME USES OF STATIC ELECTRICITY.*

By J. B. Goodwin, M.D.,

KINGSTON, TENN.

While I attempt to show some of the uses of Static Electricity in the practice of medicine, I have not lost sight of the fact that many of this able body will oppose some of my statements and consider them the out-croppings of a sterile brain and the echo of "a sounding brass and a tinkling cymbal."

We have all seen medicines, and combinations of medicines, lauded and theorized upon until we would feel like our Materia Medicas contained a description of more medicines than were needed to practice medicine sucessfully, but a large amount of such has been relegated until the attic is crowded and only fertilized by spurious literature and theories; until I shall accept a few facts, which can be demonstrated in the electrical parlor on the living, abnormal human being, in preference to so many false theories.

Electricity, like many valuable medicines, has been used without any knowledge of its real action on the normal or abnormal tissues.

Static Electricity, as understood now, does not produce any chemical change, but only causes the tissues to perform a normal action when the static force is properly applied and in the proper dose; when it will cause every muscle, nerve and fiber in the body to thrill and vibrate to a normal action. Success depends as much on the dose in static electricty as it does on dose in Alimentary therapeutics, Mediate therapeutics or Vibratory therapeutics which it really is; a form of vibrations through the entire body when properly applied.

While we cannot yet tell what electricity is, we can watch and observe the workings of nature in the grand old static machine, the Solar System. When the earth or any portion of it becomes highly charged, negatively, then our electrical storms are produced, after which we feel refreshed and stimulated, because the positive or stimulating force has been quite near and the ozone generated.

Another cause of failures in the use of electricity is in the use of an inferior and many times a worthless machine. I consider anything less than a 12 plate (6 revolving and 6 stationary) and 26 inch circles a worthless piece of machinery. And just here I can not refrain stating that a vast amount of electricity is lost in the use of a platform with five to seven inch legs, the legs should be at least ten inches long. I consider it unnecessary to go into the details of Positive Electrification, Negative Electrification, Positive Spark, Negative

*Read before the Tri-State Medical Society of Alabama, Georgia and Tennessee.

Spark, Positive or Negative Breeze, Positive or Negative Interruption etc., but will try to show how I apply the electrical current as an adjunct to other treatment that may be indicated; and in many cases the electrical treatment when used alone shows such marked improvement, that I almost consider the indicateld remedies an adjunct to the electrical treatment.

It would be impossible to name all the diseases and how the current is used, in a paper like this, but will name some of the most important diseases and how I use the current.

Inflammation, Rheumatism, Neurasthenia, Neuralgia, Lumbago, Paralysis, General Debility, Emansio Mensium, Suppressio Mensium, Torticollis, Corns and Bunions. Under the first named, or inflammation, I will just report a case in mind. A colonel at the close of the Cuban war, applied to me for treatment for an inflammation of the eye, Conjunctivitis; there was great pain and photophobia. The patient was placed on the stool connected with the negative pole of machine; positive pole, indirect current, was armed with large wooden ball and held about four inches from eye. After about one minute the Colonel remarked, "O, that I had language to express how good I feel!" The patient was given about five minutes sitting each day for four days and the inflammation was gone.

Rheumatism: To give a description of the manner of treating Acute, Muscular and Inflammatory Rheumatism would be only to repeat what has been said about inflammation; the only change would be to give fifteen to twenty minutes instead of five as given in case of eye. But for Articular Rheumatism, of the subacute or chronic form, I place the patient on the stool connected with the negative pole, the positive pole being armed with a brass ball with which the positive spark is drawn for about five to ten minutes, then change and give positive interruption for about five minutes after which the poles are pulled wide apart and close the sitting with a positive charge of five minutes.

Some cases of Chronic Rheumatism are very rebellious to any form of treatment, and the above described plan after giving some relief may fail; when patient will become discouraged and become willing to submit to anything for relief, then the physician should be encouraged and resort to the following: Place the patient on stool connected with positive pole, and with large brass ball connected to negative pole, indirect current, pour in the grape and canister for five to ten minutes, then close the sitting with a positive interruption of five minutes.

Such bombarding will usually cause the enemy to retreat and forever abandon its fortification.

Neurasthenia: Seat the patient on the stool and give a positive

charge for five minutes,positive interruption for five minutes and close with the positive charge of five minutes, relief is usually noticed after the first sitting.

Neuralgia: If it is facial, I place the patient on the stool connected with the negative pole and either use the umbrella or metal brush connected to positive pole, direct current, for five to twenty minutes, or until pain is gone, which is very seldom more than ten minutes.

Lumbago: I am always proud to see a case of Lumbago come, for I have never seen a case that was not greatly relieved at one sitting and usually cured by the third. I place the patient on the stool connected negatively and draw positive sparks with large ball for five to ten minutes, then close with positive interruption of five minutes.

Paralysis: As there are various causes for paralysis and the cause is usually obscure, I will first state the class that can not be benefited or cured by electricity. Where there is a division of the nerve or permanent obstruction to the circulation of nerve force, electricity would be of no avail. Paralysis in any form, not included in the above, can be benefitted more by electricity than any or all other treatments known to me. I place the patient on the stool and give a negative charge for five to ten minutes, then a negative interruption for one to five minutes, then draw positive sparks from the paralyzed muscle or muscles for ten minutes and close the sitting with the positive charge of about five minutes. Treatment in the case of paralysis should be continued for several weeks and sometimes several months.

General Debility: The positive charge should be given twice a day with sittings of twenty minutes.

Emansio Mensium: In some cases the positive spark along the spine and over the ovaries will be sufficient, but others require the Leyden Jar shock, through the pelvis; this very, very seldom fails.

Suppressio Mensium: The positive spark along the spine and over the ovaries with a heavy positive charge and positive interruption is usually sufficient.

Torticollis: I have never seen a case of Torticollis that was not relieved by the first sitting and cured by the fourth. I place the patient on the stool and draw positive sparks for three to five minutes then the positive breeze for the same time and close the sitting with a positive charge for the usual time.

Corns and Bunions: These cases are the ones to make a reputation with, it makes no difference how much they are paining, place the patient on the stool connected with negative pole, arm the positive pole with large wooden ball, indirect current, then draw from corn or

bunion, through shoe, for ten to twenty minutes; one sitting will relieve all pain and four sittings will usually cure corns, and eight to ten the bunions.

ENTERIC FEVER, WHEY IN.

Milk should not be given as a diet in enteric fever patients, first, because milk in many cases forms hard, cheesy curds in the stomach. These curds pass along the intestine, giving pain and scraping the raw surfaces of the ulcers and causing in many cases haemorrhage, perforation, and death. The effect of these cheese-like masses of casein is worse for the patient than feeding on well-masticated solids. Moreover, the perpetual distension of the bowel from the large amount of gases evolved by the digestion or decomposition of the milk keeps the ulcers stretched and thus thins their floors. Secondly, because the bacillus typhosus breeds rapidly in milk.

Whey has been personally given in the place of milk. The result has been to reduce the death-rate of the cases which had ben 15.5 per cent. for the previous seven years to 2.7 per cent. for sventy-three cases.

In the preparation of the whey, to each quart of new milk two teaspoonfuls of rennet are stirred. This is put into a pan and warmed slowly till it curdles, which takes about twenty minutes. The curd is now taken up and the whole strained through fine muslin. A quart of milk yields about six ounces of curd. The whey can be sterilized in summer and made more palatable to some people by the addition of tea, coffee, or other flavoring material. For children, if it be colored pink with a little cochineal, it makes them very happy. The quantity given varies from 1 1-2 to six pints daily. If the whey be sterilized, some lemon juice should be given occasionally to prevent scorbutic symptoms.

The amount of emaciation on this diet varies very much, but not more than it does on any of the usual diets for enteric fever.

The most marked beneficial effects of the whey diet are in the clean mouth and tongue. Even in the third week of the disease the tongue and mouth scarcely vary from the normal healthy condition.

The result of whey diet on the heart is good, as can be seen by the gradual diminution of the pulse-rate. Prideaux Selby (Lancet, Nov. 2, 1901).

PHYSICIAN—Good location; desiring to move to city I offer a splendid location to a physician who will purchase my house and lot; nearest competition 6 miles; fine country; nice people; average cash collections for ten years, $2 242.55 per annum. For particulars address M. D., Sumterville, Ala.

Selected Articles.

THE NEW ORGANOTHERAPY.

By. S. Aug. Freund, M.D.,

BERLIN.

I promised you before I left on my return home that as soon as I could reach my desk, I would send you some data in regard to the matter which so many Americans inquired during my visit, the matter of organotherapy. You in America did me the honor of submitting that my countrymen had distinguished themselves in the advancement, and, may I use the word? advantagement of organotherapy. It is a pleasure to me to hear my countrymen praised by Americans. But, I promised you a word on the subject. Now this is the word. Other than by organotherapy are its possibilities realized. Will you go to Buchner, and ask his definition? He will tell you that the medical advance of the century will have as its object the increase of the natural means of defense possessed by the human economy against noxious influences; and that that increase comes from animal extracts. And Buchner will not stop there. He talks, boasts, all but apotheosizes organotherapy. Listen to him, to Schimmelbusch, Friedheim, Wyss, Bouchard, Zulser, and all that noble army of my countrymen, how they laud organotherapy. Glance at the indexes of recent German medical literature, and note the space occupied by the contributions. Do you wonder at the expression of the physician to the Shah of Persia. "In Germany there is nothing great but Medicine, and in German Medicine there is nothing great but Organotherapy." Read the illustrious argument. Let me write it in brief. The vital energy of the cells alone prevent infection. Nature augments this energy. In this, nature should be encouraged. The only rational encouragement is by organotherapy. That means, of course, that "animal extracts" are chief of the materia medica to assist vis mediatrix naturae. But can we not get organotherapeutic results otherwise than by "animal extracts?" Bring out your surgeons, and to the question they will answer that the strongest antiseptics in the materia medica, applied to a wound, will not prevent bacteria from locating there, and that the independent action of the vital energy of the cell tissue alone prevents infection. The human organism is perpetually struggling with the germs of disease, entering by the lungs or the stomach; and "cell to

germ opposes." Who does not know that the enfeebled system is in poor condition to withstand infectious disease? Healthy systems best fight against infectious germs, and the condition of health depends on healthfulness of the cells. I have spoken with Buchner, and with others; such men as Pizzini, Hofmann, Lilienfeld, and Klemperer. I do not know that any American interrogation point could have asked more questions than I. "Yes," they tell me, "Yes;" the cells must be encouraged, abetted, fortified." And medicines, mere medicines, will not accomplish this. What then? Animal extracts. And this is their rationalizing:

Glands are formed in all parts of the body where germs can gain access. Their activities increase with the advent of germs, and this increased activity has to be overcome before the system can be infected. The system is capable, under normal conditions, to render harmless, by means of the glands, that is, by means of the active substances of the glands, such germs as have entered the system, and disease occurs only when the germs are too numerous, or their invasion too protracted or too pronounced in character, so that these active substances no longer suffice. As for its elucidation, you do not understand us if you consider that by desiccated glands we mean animal extracts. My confreres derive the extract. It is an extracted extract. And chemically it is nuclein, nuclein acid. It is this that possesses in high power the faculty of destroying the poison of the various pathogenic germs. It is this that constitutes the animal extracts that are worthy the name. We have had the chemical structure of the acid published by Lilienfeld, and the facts as to its physiological action, by the two Kossels. It possesses antiseptic proprieties. It stimulates the cells. The metabolic changes that follow its exhibition are surprising. It removes the necrotic tissue without impairing the healthy substance. And the animal extracts are nuclein. It may be the thyroid, the testes, the thymus, the bronchial gland, as long as it is replete with that active substance, derived under scientific supervision, and by strictly antiseptic methods, it is enough, it furnishes that which is needed to aid nature in antagonizing, and destroying all of the streptococci, straphylococci, diplococci, and their congeners. This is no theory. It is a fact. In Germany, as in America, in this new century, many favorable results are attributed to suggestion, but not under this treatment, because the patients are often utterly ignorant of the fact that they are undergoing it. The most surprising and striking results have attended the experiments and trials. Let me quote Hofmann. He is unimpeachable authority, and he says of the surprising and striking results: "It will be found that the treatment acts as a specific, pos-

sessing the advantage of absolute harmlessness." In proof of this about organic therapeutics, read the German medical press since 1892.

What, then, can I mean when I say that nuclein as a therapeutic factor is outdone? I mean that American enterprise has performed this. With dessicated glands? Never. Nothing could be more thoroughly abominable. I have no reference to those. Let us examine closely. In our zeal for the New, we must not forget or distrust the Old. We must never forget that the blood and the serum, as well as the tissue cells, have also an action that comes into effect. Highly important as is the part played by the glands, we must not overlook the place occupied by the serum and the blood. It has been proven that the animal extracts destroy bacilli that have invaded. This is one of the known facts. Now listen to Hofmann: "It is at present not possible to say in what particular manner this action takes place." That sounds refreshing. Whether it is due to the strengthening of the glands is doubtful. Whether chemotaxis plays a part, or not, is not told. But, please mark this question, what influence is due to the leucocytosis produced by the strengthening of the glands? If we might attempt an answer, we might point to the fact that the formation of spermin in the system depends upon the quantity of decomposed leucocytes in the system. Moreover nuclein is a lymphagogue. It quickens the lymph stream. All of the organic extracts do this, in some degree. Synchronous with the stimulation of the cell tissue, the white corpuscles of the blood are incited to increased energy. In these corpuscles the defensive qualities of the blood must originate. Nuclein does this. It is also otherwise accomplished by ecthol. It is waste of time to advertise this preparation to Americans, as it has been in use for several years, and so commands respect in all cases where there is a tendency to, or an actual rupture of the fluids or the tissues, or both. Remedial for tissue degeneration, and for all degenerative changes in the fluids of the system, it also antagonizes the influence, be it septic or otherwise, of all low or morbid accumulations in the tissues and fluids, or of changes in the fluids and tissues themselves.

I do not have much patience with the idea of substitutes in medicine. Too much is sure to be expected of them. I need not cite instances. You, in America, have had many of a notable kind in the nineties. But this preparation is certainly a substitute, and one that will bear all of the demands. It fully takes the place of any animal extracts. It does so because it does that which they do. Indeed, it does it even better. "Better." Understand if you please, the preparation of our animal extract, (glandulen). It is an extraction by

mechanical separation. The dealing is with a delicate plasma, and every step of its separation and preservation must be mechanical. It is of no value unless its chemical constituents are preserved. It is valueless if their molecular arrangement is disturbed. The separation has to be in forms identical with those in the living cell. The germinal potentiality must be conserved. It is not only carefully prepared, but its cellular activity is as carefully preserved. I am proud of glandulen for these reasons. The preparation which I have named is obtained from plant life. It does not come to us as an artificial glandulin. I doubt very much if an artificial glandulin can be manufactured or derived from plant or mineral. If it did, if it could thus originate, it would act on drug lines, and not physiologically. Instead, in truth, in efficiency, this preparation is substitutive. Thus, you will understand my meaning when I say that by this vegetable product the offices of organotherapy are performed. Consider the prominence given to organotherapy in Germany. Understand how carefully, thoroughly, perfectly, it has been brought on. Then, appreciate this office of substitution, and believe me when I say that all that organotherapy has accomplished, this vegetable substitute for the true animal extracts has also accomplished. I find pleasure in making proof, in seeing one corroboration follow another. Glandulin does so. Then so does ecthol. You will notice. Both have the same action on the leucocytes. Both procure definite leucocytosis. Both add a fresh supply to the cells. Both furnish the normal leucocytes with the proper nutriment. Both produce leucocytosis, and both stimulate cellular activity. Both increase the bactericidal power of the blood, and of the tissues. Both increase the repair power. Both increase the tissue-building forces. Both furnish nutritive compensation to the vital forces without any expense to the nervous system. There are some who ask if this is not tantamount to being leucocythemia? Well, yes. Then, is it not a pathological condition, a disease condition? No. Our grandsires thought so. They remarked the rapid formation of white corpuscles in the presence of the invading germs, and thought it a condition of disease. But you and I know that it is a strictly physiological effort of resistance to the toxic germs That which tends to induce leucocytosis, is to that extent a health factor. Again, notice that this vegetable preparation sows itself to be an appropriate pabulum for animal tissue, and for the reason that it is so admirably converted into animal substance. So, this substitute which I publish to your notice is indicated in every condition where the organism is abnormal or asthenic. It rapidly restores and, as fully maintains the vitality of all the tissues and fluids, by aiding and supporting assimila-

tive nutrition. Buchner has cried from the house-tops, that the animal extracts are useful in all conditions in which the organism is below the physiological standard. The substitute says the same of itself, and makes conditions that bring out tissue-building properties. It is sure of appreciation as aiding Nature in keeping all of the body functions normal and active, as fortifying the system as a whole, as actually destroying the nutrition upon which neoplasma depend, as increasing the tissue-building and constructive forces, as increasing the inherent potentiality of each trophic cell, as promoting development. Advocates of organotherapy, this is the New Organotherapy. It ex cells. Over and beyond its worth in medicine, it has an office in surgery which even Schimmelbusch and Lilienfeld have never offered or suggested to glandulin. I do not refer to the local application alone. It is exhibited, and by destroying the nutrition upon which neoplastic growth depends, it may relieve of the necessity of surgical operations by cutting off the nutrition of benign growths, so that they atroph to some extent. Again, after operations, it is a remedy that protects the organism from those septic influences which are the bane of post-operative sequels. Thus, it is to be considered as one of the most powerful and valued adjuvants to conservative surgery.

NOTES ON THE TREATMENT OF COUGH.

By Henry Herman, M. D.,

NEW YORK.

Most practitioners will readily agree that the old remedies, which we have had at our disposal for the alleviation of cough, are not everything that can be desired. The old time-tried narcotics and expectorants often fail us when most needed, and it is especially in chronic cases, in which cough constitutes the chief discomfort of the patient, that they fail most frequently. In paroxysmal coughs, especially in whooping cough, there has always been a difficulty in soothing the irritable mucosa of the bronchi and in reducing the number of attacks, so as to avoid the weakening effects of the paroxysms, without at the same time drugging the patient with narcotics until the danger line of depression has been reached.

Notwithstanding the evident need for better respiratory sedatives, the chemists have given us a large number of remedies for the reduction of fever, and an innumerable number of substances vaunted as antiseptics, but have paid little or no attention to the preparation of new therapeutic agents designed to alleviate cough. Eager anticipation, therefore, greeted the discovery of the clinical value of heroin,

the diacetic acid ester of morphine, by Dreser and Floret, in 1898.

Heroin has now been tested in so large a number of cases, reported by so great a number of trustworthy observers, that its status may be accepted as securely established. The sum of clinical and pharmacological experience designates heroin as a respiratory sedative superior in every respect to the older narcotics, and withal devoid of toxic or depressant properties. Its physiological action consists in a diminution of the frequency of respiratory movements, and at the same time in an increase of the volume of the individual respiratory act. The reduction of the tussal reflexes is combined with the relief of pain without the danger of a drug habit, which exists when other opiates are prescribed.

As regards after-effects, we may, I think, accept the conclusion of Manges (New York Medical Journal, Jan. 13, and 20, 1900), based upon a review of the work of numerous writers on the subject, that heroin is not followed by serious effects of an untoward character unless it be administered in excessive doses. My own observations, in a large number of cases, confirm this view. The only collateral effect that I noted in the use of heroin was a tendency to constipation, which is especially prominent in old persons, but is in all cases easily combated with mild laxatives. I have not observed vertigo, nor vomiting, after the administration of doses proportionate to age. There is no doubt, however, that, after all, heroin is a derivative of morphine, and therefore is to be used with that caution and judgment, which drugs of this class demand. Fortunately its very efficiency precludes the necessity of administering doses of any magnitude beyond the usual.

Next to the respiratory sedatives, the expectorants are the most essential factors in the treatment of cough. The members of the ammonium group for a long time have enjoyed well-merited preference as stimulating expectorants on the part of physicians. I wish, however, to call attention to one member of the ammonium family that has been most inexcusably neglected—ammonium hypophosphite. Its action is similar to that of ammonium chloride, but it has the advantage of being easily borne by the stomach, and of being more agreeable in taste. I was surprised to find that such a complete work as the National Dispensatory does not mention it, and it has not been received into the Pharmacopoeia of this country nor into those of Germany, Great Britain and France. The dose is from ten to thirty grains, and the sale occurs as a white laminous crystalline powder, soluble in water, having the chemical formula of NH4PH2O2-|-H2O.

There can be no question as to the increased value of a combination

of remedies which embodies so efficient a respiratory sedative as heroin and so trustworthy an expectorant as ammonium hypophosphite, and therefore I determined to try the preparation known as glyco-heroin in the treatment of coughs, with special reference to paroxysmal coughs and chronic, obstinate bronchial catarrhs. In the following very brief histories I have endeavored to give the results of my experience with this preparation which in addition to 1-16 of a grain of heroin hydrochloride to the drachm and ammonium hypophosphite, contains balsam of tolu and white pine bark.

The following cases are taken somewhat at random from my notebooks:

CLINICAL HISTORIES.

1. D. G., aged 7 years. Whooping cough of three weeks' duration. Vomiting with each paroxysm. As many as eighteen paroxysms in twenty-four hours. Thirty drops of glyco-heroin three times daily. After two days the paroxysms had diminished in severity and frequency and there were no more than five or six paroxysms daily. After four days the vomiting ceased, and the patient began to sleep soundly. The child felt better in every way and was able to play and romp about without producing a coughing spell. Ten days after glyco-heroin was first given the patient had but two or three paroxysms daily, and these were of a mild type. This state of things continued for about ten days longer, when only a slight cough remained. At the end of two weeks the patient was perfectly well.

2. L. G., aged 12 years. Sister of the above named patient and was seen at the same time. Whooping cough of a more severe type than that in the preceding case. Forty drops of glyco-heroin (equivalent to 1-24 grain of heroin hydrochloride) three times daily. Similar course as the preceding case.

3. M. C., aged 21 years. Whooping cough of one week's duration when first seen, the chief complaint being troublesome paroxysms at night. A teaspoonful of glyco-heroin was ordered to be taken four times a day. Within forty-eight hours the patient reported marked improvement. Within one week the cough ceased to trouble him and he considered himself perfectly well.

4. G. V., aged 38 years. Whooping cough of twelve days' duration. A mild type of the disease. Glyco-heroin was prescribed, but proved to be of no service whatever, although the patient took a teaspoonful every four hours for ten days. A change of climate was advised, and the patient spent two weeks at Atlantic City; had the desired effect.

5. F. F., aged 2 1-2 years. A severe attack of whooping cough,

associated with acute bronchitis. After the administration of glyco-heroin, ten drops three times daily for one week, the little patient was well on the road to recovery. After twenty-five days from the beginning of the cough the patient was perfectly well. In this case there was constipation, which may have been due to the heroin.

6. F. H., aged 5years. Was seen after having been under treatment for three weeks and after she had been taking bromides, belladonna and other sedatives without any results. The cough was markedly worse at night, and the child was restless and peevish from loss of sleep. Ordered fifteen drops of glyco-heroin three times daily. After forty-eight hours there was no improvement and the dose was increased to twenty drops every four hours. At the end of three days the writer was surprised at the marked improvement which had taken place. The child coughed only once in twenty-four hours, and slept well at night. At the end of twelve days she was discharged cured.

7. H. H., aged 8 years. Brother of the above mentioned patient. The same condition and the same result, but glyco-heroin had to be pushed to sixty drops three times a day.

8. I. A., aged —. Bronchitis of two weeks' standing. Various expectorants and sedatives had been used without any results. A teaspoonful of glyco-heroin given every four hours. In three days the patient reported well.

9. S. O., aged —. Cough of pregnancy. The usual remedies had been tried without avail. Glyco-heroin every four hours, in teaspoonful doses. In forty-eight hours a most marked improvement was noted.

10. A. T., aged 23 years. Cough of pregnancy. Very troublesome. After the ordinary remedies had failed, glyco-heroin succeeded in relieving the cough in a short time. A teaspoonful was given three times daily.

11. S. H., aged 23 years. Bronchitis. Glyco-heroin, a teaspoonful, every four hours. Excellent results after the second day.

12. M. S., aged 21 years. Acute bronchitis Glyco-heroin in teaspoonful doses, three times daily. Excellent results after two days.

13. P. O., aged 27 years. Winter cough; very troublesome. The patient gives a history of recurrence every winter. The cough was paroxysmal in character and he has taken a great variety of remedies. Glyco-heroin was given in teaspoonful doses, every four hours, and three days later great relief was experienced. The patient was then told to take the preparation twice daily, morning and evening, until the cough disappeared.

14. W. L., aged 5 years. Whooping cough of marked severity.

Twenty drops of glyco-heroin were given three times a day, with results similar to those obtained in the other cases of whooping cough.

15. S. W., aged 78 years. Winter cough. The writer has had this patient under treatment for cough every winter for fifteen years. Glyco-heroin showed the best results as compared to all other remedies previously used. In fact, while taking it, the patient has no cough.

16. W. W., aged 73 years. History and results similar to those obtained in the previous case.

17. M. C., aged 81 years. History similar to that of case 15, but no results were obtained from the use of any remedy.

18. M. B., aged 7 years. Whooping cough of two weeks' duration. Although glyco-heroin was used in doses of forty drops three times daily, no results were noted after two weeks' treatment.

19. S. M., aged 7 years. Whooping cough of three weeks' duration. Relieved after six days' treatment with glyco-heroin, in doses of thirty drops every four hours.

Of the nineteen cases reported, there were ten cases of whooping cough in patients ranging from 2 1-2 to 38 years of age. In these the dose varied, according to age, from ten drops to a teaspoonful, the intervals not exceeding four hours. The results were very satisfactory in all cases, with the single exception of case 4, a mild type of whooping cough in a patient aged 38 years, in whom nothing but a change of climate had the desired effect. In the other nine cases of pertussis, there was very prompt diminition of the number and severity of the paroxysms and an improvement in the general well-being of the patient. These effects were all the more noteworthy as they are rarely seen in pertussis on the administration of any other sedative remedy.

In the three cases of subacute bronchitis, the results were so prompt as to astonish the patients themselves. With due care the continuation of the catarrhal process into a chronic state was avoided.

In the two cases of cough, occurring during pregnancy, glyco-heroin proved very efficient. Of all forms of cough, sedatives are most urgently indicated in the irritable condition of the whole system which obtains in the pregnant state. In glyco-heroin I found a palatable combination which at the same time is free from the depressant properties of the other opiates.

There were four cases of chronic bronchitis, the age of the patients ranging between 27 and 81 years. As has been noted by other writers, heroin is not so well borne by the aged as it is by the young. The dose must therefore be kept down in old people, and it is for this reason that in one of the cases, No. 17, in which the patient was 81 years

old, no results could be obtained. In contrast to this case stand the other two instances of chronic bronchitis in the aged (persons aged 73 and 78 years respectively), in which the effect was all that could have been wished.

In conclusion, I will say that while there probably never will be a remedy which will act with equal efficiency in all cases, the results which I obtained with glyco-heroin in a number of difficult and obstinate cases of cough enable me to express myself as fully satisfied that it is an efficient respiratory sedative and expectorant.

DYSMENORRHEA.

In the congestive type of dysmenorrhea, in which the paiful menstruation is usually due to some inflammatory condition of the pelvic organs, especially the uterus, much benefit is derived from intravaginal applications that will relieve the engorgement of the parts. Tampons soaked in glycerine and boric acid, or iodine, or ichthyol have been largely used for this purpose, but this has only been in the absence of something better, since the inconvenient and disagreeable nature of the tampon treatment has always been recognized. The modern way of accomplishing the same purpose in a far more efficient, cleanly and convenient manner is by the use of Micajah's Medicated Uterine Wafers.

They are easily introduced into the vagina, are unirritating, and do not require removal. Their ingredients are gradually liberated, exerting an astringent, antiseptic and anticatarrhal action upon the congested and inflamed parts. The congestion is relieved, the circulation regulated and the absorption of exudates promoted and the dysmenorrhea thus permanently removed.

THE PRESENT STATUS OF DISINFECTION OF THE HANDS.

By Dr. Doderlein. (Die Arzt. Praixis, Oct. 15, 1901).

The author claims that no method of preparing the operator's hands insures perfect disinfection when subjected to the test of making cultures. Hence the free use of long-handled instruments properly sterilized (as suggested by Konig) is preferable to the use of fingers in the wound. Or gloves may be used with the same object in view. While the author is opposed to the employment of cotton gloves as advised by Mikulicz, on the ground that they rather harbor germs in their meshes, he strongly recommends and uses thin rubber gloves.

Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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Gonorrhea.

Very little advance has been made in the treatment of gonorrhea since the introduction of the new silver salts, Protargol, Argonin, etc. Since the advent of these salts they have gained such popularity as to throw something of a shadow over the irrigation treatment popularized by Dr. Valentine. Much, no doubt has been accomplished by copious irrigation with a hot solution of permanganate of potash, but a great many cases go on for weeks and months and become chronic under its use. The irrigation treatment is a laborious one for the physician

and takes up much of his time for which few patients are willing to pay. If it were the only treatment which would eradicate the gonococcus then we could not hesitate to spend this extra time to cure our patients, but with these new silver salts we may expect to teach their use to each patient in such a way as to let him treat and cure himself. To do this we must drill each patient in the use of injections—very few patients will take them properly unless they are thoroughly instructed and the importance impressed on them. Most of the syringes used are cheap, imperfect and entirely too small. The syringe should hold from four to six drachms and be made of hard rubber with a flattened conical point that will fit accurately into the meatus. The solution should be injected slowly but firmly back into the urethra and held there from three to five minutes by the watch. These injections should be used three or four times daily. When the disease reaches the posterior urethra the syringe should hold enough solution to force the cut off muscle and allow solution to enter the posterior urethra. This treatment, combined with the proper dietetic and hygiene means, should cure gonorrhea in a short time when it is taken in charge before the gonococci have buried themselves deeply in the tissues. The following is a good solution for an acute condition:

℞ Berberine Hydrochlor ..... gr. i.
Protargal ..... grs. V.
Aqua Destil ..... ʒ

It is very important in all urethral inflammations to be able to use the microscope in order to tell whether it is a specific or simple urethritis. In long continued cases where there remains the slightest discharge, patients often want to know if it will be safe to have intercourse or get married and the physician should be able to advise intelligently by staining the discharge and examining under the microscope, and this should be done several times if no gonococci are present in order to be sure that they are absent from the discharge. It is extremely important to interdict marriage if there remains the slightest gonococcus infection in the urethra, for while there may be such slight discharge as to seemingly amount to nothing, it may be sufficient to infect the whole genital tract of an innocent wife and she may become an invalid for life or have to lose her ovaries and tubes and possibly her life on account of this infection.

Politics and the Medical Profession.

At a recent meeting of the Jefferson County Medical Society a paper was read which elicited some discussion on this subject. The fol-

lowing, from the Journal of the American Melical Association, editorial February 8, 1902, is to the point and is so nearly in accord with our own views we reproduce it:

A newspaper editorially remarks that "those who have the making and executing of the laws, whether they be called politicians or statesmen, are prone, as a rule, to underestimate the value of the good opinion and the influence of physicians." It is refreshing to see such a truth announced from such a quarter; the newspapers themselves have not, as a rule, sufficiently appreciated the possible influence of the medical profession. The paper goes on to say that the physician comes in closer touch with the people than the representative of any other profession, and that the "doctors could insure the success of any candidate for any elective office in the State if only any considerable percentage of them would undertake it. . . . A candidate for a State office could very well afford to say that in anything like a close contest, if he had all the physicians with him, he might not care what class supported his opponent. If the resolutions passed by county medical societies are not heeded by legislatures and executives they are antagonizing a very powerful element." The editorial further says that because physicians do not habitually dabble in politics or constantly seek an office, their influence is the more potent when once it is thoroughly exerted. This we believe is a truth and if we can act with due wisdom, showing by our conduct that when we do act our motive is the public welfare as well as our own interests, we can be invincible. There are enough physicians in every State to control medical legislation if they will only act together. Thackeray says that any woman without an actual hump can marry any man she pleases; man's safety is that women are like the beasts of the field; they do not know their own strength. The same might be said of the physicians of the country; they have not appreciated their own power. If quackery thrives and gains recognition and privilege under the law it is the fault of an inactive and unorganized medical profession.

Women in Medicine.

"The recent closing of the Woman's Medical Department of Northwestern University, and the alleged utterances of a trustee in explaining this action, have enlivened the perennial interest in the question of woman's place in medicine.

The simple statement that the school has of late been running at a

yearly loss of $25,000 would surely have satisfied all the world, including the seventy young women who must now go elsewhere in search of professional training. But the disheartened trustees said, over and above what was necessary, that "women cannot grasp chemical laboratory work and the intricacies of surgery;" that women are unsuccessful as physicians; that co-education is a failure, and that the separate education of women is a worse failure.

Only a year ago a distinguished professor in a Western medical school said on a notable occasion that women in the laboratory ask too much aid of their teachers. A little later this gentleman suffered an incoercible desire to say that in the laboratory it is the common fault of men to ask too little aid of their teachers. If the trustee of the Northwestern University becomes truly contrite, and if he is as versatile as the Ann Arbor professor, he will accept the first chance to say that while it is impossible to make a good doctor out of a woman, it is even more difficult to impart medical skill to a man.

Fifteen years ago, we are told, the graduating class of this same school, including both men and women, handed to the faculty a memorial expressing their belief that co-education was a failure. One is inclined to attach strong significance to the presence of women in the only senior medical class that was ever known to deal thus frankly with its preceptors.

The possession of an American diploma of as early date as 1885 is pretty good evidence that its possessor was not at that time fit to practice medicine. All who ripened from that ancient vintage, remembering how they were thrust out untimely to prey upon a confiding public, agree fully with the sense of that memorial, and it seems a striking coincidence that a mixed class let out the secret. The circumstance illustrates a distinctly feminine characteristic.

In a couple of centuries we shall have statistics upon which to define woman's place in medicine. Meanwhile, here's hoping that the fair postulants may soon win their way into the ranks of male students, for here only can their fitness be fairly tried."

The above, from the Maryland Medical Journal, is fully in accord with views which we expressed in this Journal more than ten years ago. We may be convinced that we are in error, but until so convinced, we shall maintain the position, that the women of our country should not be induced to enter the practice of medicine.

Contributors to the Journal, 1901.

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DR. E. O. WILLIAMSON.
DR. W. M. CUNNINGHAM.

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DR. U. J. W. PETERS.

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DR. L. C. MORRIS.
DR. S. L. LEDBETTER.
DR. C A. FOX.
DR. JOHN D. S. DAVIS.

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DR. W. E. HARRISON.
DR. R. C. BANKSTON.
DR. J. M. MASON.
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DR. M. B. CAMERON.
DR. M. C. SCHOOLER.
DR. A. E. MEADOW.
DR. J. U. RAY, JR.

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DR. W. L. BULLARD.
DR. S. C. CARSON.

June—
DR. W. P. HARPER.
DR. R. C. BANKSTON.

July—
DR. L. G. WOODSON.
DR. E. O. WILLIAMSON.

August—
DR. R. C. BANKSTON.
DR. EDGAR A. JONES.
DR. J. C. JOHNSTON.

September—
DR. R. R. KIME.
DR. W. H. WILDER.
DR. R. C. BANKSTON.
DR. W. P. SPRATLING.

October—
DR. W. E. B. DAVIS.
DR. J. M. MASON.
DR. THOS. D. PARKE.

November—
DR. JAMES E. DEDMAN.
DR. IRA LANDRETH.
HON. JOHN B. KEEBLE
DR. R. R. KIME.
DR. J. B. GIBSON.
DR. S. HERCHELHEIM.

December—
DR. W. C. McGANNON.
DR. PUGH N. BROWN.
DR. MICHAEL CAMPBELL.

SOME OBSTINATE BLADDER CASES.

By George W. Hopkins, M.D., Cleveland, Ohio.

John C., aet 31. Occupation, Patrolman. Following exposure, patient experienced bladder symptoms as follows:

Frequent urination, tenesmus, hypogastric pain and a temperature of 101.4 degrees.

The urine was scanty, turbid and loaded with mucus.

Diagnosis: Acute Custitis.

Treatment consisted of rest in bed, restricted diet, anodynes for the tenesmus, diluent and alkaline drinks.

The acute symptoms promptly subsided but the urine continued abnormal despite the general measures employed and the internal administration of urinary antiseptics.

Irrigation with Boric Acid solutions of varying strength proved unsatisfactory as did also solutions of Potassium Permanganate and Silver Nitrate similarly applied.

A twenty per cent. solution of Glyco Thymoline was then substituted for irrigation, and the improvement was marked and continuous until recovery was perfect.

Harry R., aet 43. Occupation, bookkeeper. Had a history of bladder trouble of several years duration.

His urine was blood tinged and loaded with mucus.

Microscopic examination revealed an abundance of ammonia, magnesium phosphates, numerous disintegrating pus corpuscles, blood corpuscles and blood shadows.

Repeated examination with the sound gave negative reults, but a skiograph taken with a high vacuum hard tube revealed a small calculus which had persistently evaded the sound in previous examinations. Lithotomy was performed and the calculus removed but the urine failed to return to normal.

Irrigation in turn with Boric Acid, Potassium Permanganate and Silver Nitrate solutions proved unsatisfactory.

Glyco Thymoline irrigations proved satisfactory from the start and recovery was ultimately perfect.

William L., aet 55. Occupation saloonkeeper. Had a history of repeated attacks of gonorrhoea which were never appropriately treated.

Urine was voided with great difficulty, at frequent intervals and loaded with mucus. Reaction was alkaline and the microscope revealed an abundance of amorphous phosphates of calcium and magnesium, flat epithelial cells, disintegrating pus corpuscles, and indigo crystals.

Examination confirmed diagnosis of chronic cystitis due to urethral stricture and hypertrophied prostate.

Catelectrolysis by the slow method removed the stricture and Bottini's operation relieved the enlarged prostate but the urine failed to clear up as desired.

The cystocope showed marked changes in the bladder walls but catheterization of the urethers yielded negative results.

Appropriate urinary antiseptics were administered internally and Silver Nitrate solutions by vesical irrigation with only slight improvement.

Irrigation with twenty per cent. solutions of Glyco Thymoline gave early and continuous improvement until recovery was perfect.

Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further infomation, address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

A first-class new surgical chair for sale at this office.

Attention is called to the new advertisements in this issue of the Journal.

Dr. Wood, of Attalla, Ala., was in to see us during the month, and paid his subscription to the Journal to January 1, 1903. The Doctor has been a subscriber for more than 10 years.

We call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This house was established fifty years ago, and enjoys a widespread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

It is our custom to mention through these columns from time to time new preparations that are offered the profession by reliable manufacturers, if they are known to possess real merit. A preparation that is just now attracting much favorable comment from the profession is the new antiseptic emulsion, Firolyptol with Eucalyptol and Kreosote, prepared by The Tilden Company, Manufacturing Pharmacists, New Lebanon, N. Y.

I have no hesitation in saying that I consider Peacock's Bromides invaluable and have for years used it exclusively in my sanitarium, when bromides were indicated. Commercial bromides are crude and rank as compared with Peacock's. The greatest danger of injury to the patient and the product lies in substitution. I now only buy from my wholesale druggist in dozen lots. Allan Mott Ring, M.D.

Arlington Heights, Mass.

I have employed the Pepto-Mangan (Gude) in a case of marked secondary anaemia with profuse gastro-intestinal haemorrhages due to an ulcer of the stomach, with most excellent results. The patient, an extremely weak woman who was somewhat disinclined to take any kind of medicine, praised within a short time the very agreeable taste of the preparation, and her appetite and condition of nutrition improved very rapidly, so that at present she exhibits a very healthy appearance. Pepto-Mangan has been regularly continued in her case.

According to my other experiences I am warranted in concluding that your Pepto-Mangan, owing to its agreeable taste and ready digestibility even in the presence of impaired gastric function, belongs to our most valuable ferruginous preparations.

Dr. Aug. Hammer, Medical Councillor; City Phys.

I athing Establishment at Langerberg, near Marienbad, Bohemia, August 21, 1901.

Believing that a proper exercise of preventive medicine is of incalculable importance to the human race and desiring to stimulate further research in this line, or at least to disseminate some of the newer ideas so prominently discussed by the medical profession of recent years, we offer two prizes:

A prize of one thousand dollars and a second prize of five hundred dollars in cash for the best essays on that subject.

CONDITIONS OF THE COMPETITION.

First.—Essays offered in competition must treat the subject of Preventive Medicine in its various relations to the welfare of the human race, either treating the topic in its broadest scope as affected by disease, custom, environment, heredity, etc., or from the view-point of the specialist who contends that the most potent factors inimical to mankind result from special conditions which he is enlisted to combat.

Second.—In order that there may be no violation of medical ethics and no suspicion of mere commercialism on our part, Maltine or any of its combinations must not be mentioned or even indirectly alluded to in the essays.

Third.—Competition is open to graduates of all recognized medical colleges.

Fourth.—The essays will be judged by the following gentlemen:

Daniel Lewis, A. M., M. D., New York, President New York State Board of Health; Professor of Special Surgery (Cancerous Diseases), Post Graduate Medical School; Surgeon to the Skin and Cancer Hospital; Editor "Medical Review of Reviews."

Charles A. L. Reed, A. M., M.D., Cincinnati, Ex-President American

Medical Association; Ex-President American Association of Obstetricians and Gynaecologists; Fellow British Gynaecological Society.

John Edwin Rhodes, A. M., M.D., Chicago, Associate Professor Diseases of the Chest, Throat and Nose, Rush Medical College; Former Professor of Physical Diagnosis and Clinical Medicine, Northwestern University Woman's Medical College.

and the prizes awarded in accordance with their decision.

Fifth.—The essays are to consist of at least ten thousand words.

Sixth.—Each competitor is to send us three typewritten copies of his essay by mail in a sealed envelope. These copies are not to be signed by the author, or contain anything which might point to his identity, but are to be signed with a nom-de-plume.

Seventh.—Another sealed envelope shall be sent to us containing this nom-de-plume together with the author's name and address. This envelope must be endorsed "For Identification," and will remain sealed until the judges have decided upon the two prize-winning essays, and will then be opened in order that the names of the successful competitors may be ascertained.

Eighth.—The prize essays and any others which are deemed suitable will be published in a medical journal or journals subject to the approval of the authors.

Ninth.—We reserve the right to republish any of these essays in pamphlet form, restricting the circulation to the medical profession.

Tenth.—Essays entered in competition must be in our hands by September 1, 1902.

THE MALTINE COMPANY,
8th Avenue and 18th Street, Brooklyn, New York.

PROF. SCHWEITZER PROFOUNDLY IMPRESSED WITH PARKE, DAVIS & CO.'S PLANT.

Prof. H. Schweitzer, one of the foremost chemists in the country, secretary of the American branch of the Society of Chemical Industry of London, England, ex-professor of chemistry in the great Heidelberg University, and a member of the committee on adulterations of the National Wholesale Druggists' Association, is at the Russell House.

Prof. Schweitzer come to Detroit for the purpose of giving expert testimony in the case against Detroit men charged with counterfeiting trade marks owned by Farbenfabriken, Bayer & Co., of Elberfeld, Germany. The professor is well known to the courts in the East, as he is almost invariably called as an expert in cases where the questions invovled are similar to those that will come before the court in the Detroit case.

Herr Schweitzer is but forty-one years old, yet he has reached the very pinnacle of success in his chosen profession. In appearance he is the typical dashing student of the German universities, ever ready to quaff a glass of Rhine wine or bock beer, and just as ready to fight a duel in the moonlight.

The professor has traveled all over the world perfecting himself in his profession, but not until he came to Detroit did he realize the greatness of the Parke, Davis & Co. plant. He said he had heard of it in all quarters of the globe, and yet he did not expect to see such an enterprise in what he called the "middle west of a half-populated country."

Prof. Schweitzer visited the plant yesterday afternoon, and this is what he says he found:

"The greatest industry of the kind in the world, the greatest beyond all question. The biological department was astounding. The physical assay work on animals is worth to a student a walk of 1,000 miles. The scientific atmosphere is an inspiration and the ingenious machinery a marvel. I was told that there were employed in the factory alone over 1,500 people, and that the firm has 207 traveling men employed.

"There are five American branches, I was told, and there are manufacturing plants in England and Canada. In the English plant are employed 250 persons. There is nothing wanting in this plant for the production of powerful, accurate, uniform and palatable medication. They have a circulating library for the employes, as well as an emergency hospital, and I understand the employes have decent hours and are well treated."

The professor was asked why such plants are not established in the old world. He said:

"The reason is that in the countries of Europe every druggist is a manufacturer. He compounds his own medicines in the back room of his store. He has his own laboratory, and there he experiments. Here it is different. If the druggists of the old world could have walked through the plant that I walked through today, they would no doubt have become discouraged, for they would realize that they could never hope to learn in a lifetime what is learned in that institution every hour."

Prof. Schweitzer will remain in Detroit until the cases before the courts are disposed of. In the meantime he will visit the University of Michigan. This is his first visit to this city, and he expresses himself as being charmed with the city and with its people.

Attorney Allan H. Frazer, who is a friend of the professor, will see to it that he comes in contact with the bright side of Detroit life.—From the Detroit Journal, Tuesday, Oct. 22, 1901.

THE EVIL OF SUBSTITUTION.

Many suggestions relative to obviating this despicable custom among many retail druggists have appeared among the editorials of the medical press, but most of them have lacked the practicality so essential for success in a movement of this kind. Dr. J. D. Williams, of New York, in a contribution to one of our exchanges has made some very valuable suggestions among which we quote:

"There can be no subject of more importance to physicians than the violation of their confidence on the part of a dishonest dispensing druggist. Law will not make a dishonest man honest, but the right law properly executed will prevent a criminal's further infliction of injury upon society. The requirement of a license to all druggists who dispense drugs or medicines, revokable upon the licensee's being convicted of substituting any ingredient drug or medicine other than, and in lieu or instead of, that specified in the prescription, order or request in writing, of any physician, would go a long way to aid in the matter of honestly filling prescriptions. Let the medical societies induce their respective State Legislatures to enact a law requiring such a license, with a simple and practical procedure for establishing the guilt and enforcing the penalty against infraction, and the practice of substitution would soon cease.

"Let proceedings for revocation of license be before the court, board, or officer, empowered to issue the license, and be set in motion at the relation of either the Board of Health a local medical society, or the purchaser upon whom the fraud and imposition had been done, or of the physician by whom the prescription or order was issued or given, or of any person, firm or corporation for whose brand or make of drug or medicine the substitution had been perpetrated. Let the licensing board, court, or officer be empowered to issue citations, subpenas for witnesses, to administer oaths, and be given all other requisite powers for duly trying the issues and revoking the license of the guilty. These conclusions are logical, and we congratulate the action; we think, however, that he should have made his suggestion relative to making the austere healths boards the prosecuting power a little stronger. This method is our chief hope."—Gaillard's Journal.

MORPHINE AND ATROPINE IN CARDIAC DYSPNOEA.

Dr. Graham Steel (Quarterly Medical Journal), in an article entitled A Present Day View of Heart Disease and Its Treatment, says:

"I will conclude with reference to a treatment that is too often also the conclusion of our therapeutic endeavors, I refer to the relief of dyspnoea and the promotion of euthanasia by the hypodermic administration of morphia and atropia, but do not think there is any throw-

ing up of the sponge when we have recourse to it. Only within the last couple of months I had a patient, with aortic incompetence and complications, in the Infirmary, who seemed not likely to live half a dozen hours, and whose friends had been so informed. His distress of breathing, etc., was great, and I ordered him a hypodermic of morphia and atropia. He began to improve almost immediately and is now unquestionably convalescent. Every now and again we meet with such a result. Paroxysmal dyspnoea is the symptom that specially indicates the use of morphia, and such dyspnoea is often found to be associated with considerable arterial tension. At first nitrites and alcohol give relief, but later we must have recourse to morphia and atropia. As conditions that militate against the use of morphia, I think much accumulation of bronchial secretion is a stronger contra-indication as regards its use than kidney disease. Indeed, some cases of heart failure in Bright's disease derive great benefit from its use and stand fairly large doses, but the first dose should always be small; one must feel one's way to the dose that brings relief without risk.

"One thing is essential for the practitioner who treats heart disease, it is that he should never know when he is beaten while his patient is alive. When his patient is dead, he should at least have the consolation of having fought a good fight on his behalf."—New York Medical Journal.

AN UP-BUILDER IN POST-GRIPPAL CASES.

Very many of our readers know, by reputation at least, Dr. A. H. Ohmann-Dumesnil, one of the foremost physicians of St. Louis. From a letter of recent date we are permitted to quote the following, which we do with pleasure. "I needed a roborant, and took, with much benefit to myself, Hagee's Cordial of Cod Liver Oil Compound. Since then I have had occasion to use it in a number of cases of grippe, and in all of them the results were of the best. The action of this preparation is rapid and thorough; and in a remarkably short time a case is recovered. It is certainly the remedy par excellence for this now prevalent affection.

'In a number of post-grippal cases in which enteric neuralgia, bronchial involvment, and a number of nervous symptoms manifested themselves, I have found this preparation equally effective. It is an excellent up-builder, and rapidly restores to its former condition the weight which has been diminished by the waste of tissues consequent to gippe."

This is certainly very high praise and from an eminent authority.—Massachusetts Medical Journal.

ANDRENALIN CHLORID.

Booth (Albany Med. Jour., Int. Med. Mag.) considers that this drug is one of the most valuable ever added to the list of laryngology or rhinology. When the solutions of suprarenal capsule were first employed, the difficulty of preserving it added many failures from its decomposition. Dr. Jokichi Takamine isolated the active principle of the gland, which seems to possess all its virtue and does not undergo decomposition when sterilized. Its solutions are stable, but it does not mix with oils, and therefore it is excluded from the various petroleum preparations. When this drug is applied to the field of operation, considerable shrinkage of the tissue will be noticed, and if cocain is then applied the absorption is decidedly less, and the danger of intoxication is correspondingly decreased. As might be presumed, the hemorrhage during the operation is also decidedly less, but when the tissues regain their normal tone considerably bleeding is apt to follow. This can be obviated by packing the cavity with cotton soaked in a 1-10,000 solution; the best strength to apply before operating is from 1-3,000 to 1-5,000. If this solution is allowed to remain in contact with the tissues too long a slough is apt to follow. This evidently is due to the fact that the vessels are contracted too long and the vitality of the tissue is so reduced that it does not recover. In hydrorrhea a 1-10,000 solution will be found of value and also in singers the use of this strength solution in a downward spray in the larynx will allow the use of the voice in a very short time. Upon the heart its effect is quite marked, and if a few drops of a 1-10,000 solution are placed beneath the tongue of a person under an anesthetic rise of blood-pressure is soon observed. In some there seems to be an intolerance, and the application to the nasal cavities will produce severe sneezing and burning in all the air cells adjoining, severe headache, and injection of the conjunctiva.

CANCER OF THE RECTUM IN THE FEMALE.

Wallace K. Oakes (Journal of Medicine and Science) reports a case of cancer of the rectum in a woman forty-six years old, and describes an operation which he thinks indicated in cases in which the patient is a female, and the cancerous growth is above the sphincter and below the sigmoid. In this case the growth was two and one-half inches up in the bowel, and completely encircled the rectal canal. The sphincter was dilated and the rectum attacked by cutting directly through the vaginal floor, beginning two inches above the vaginal outlet.

The incision was carried through the perineal tissues and into the rectum, the latter being laid open from this point, and through the sphincter. The rectal-tube was dissected away from the surrounding

tissues, the section containing the cancerous growth excised, the upper segment pulled down and sutured to the lower segment containing the sphincter. The rectal, perineal, and vaginal tissues were then approximated by sutures. The patient has recovered, having complete control of the sphincter. There is as yet no sign of recurrence, although but a few months have elapsed since the operation. A woman with a cancerous rectum was treated similarly, in 1892, by Oakes; she lived for one year, then died of cancer of the stomach. There was no sign of recurrence in the rectum.

The method of operating as described by Dr. Oakes was adopted in a case at the New York Post-Graduate Hospital in 1896, in which the feasibility of the vaginal incision was amply proven and the result satisfactory. Professor Horace Tracy Hanks, Gynecologist to the Hospital, operated as suggested by Dr. Daniel Lewis, the surgeon in charge.—Medical Review of Reviews.

PROSTATECTOMY.

The technic of this operation, claims H. Mynter, (Annals of Surgery, October, 1900), should be improved especially by avoiding suprapubic cystotomy or laparotomy in order to crowd the organ down to the operative field, and thus obviating the shock of the operation and the prolonged after-treatment in bed, to say nothing of the other greater risks. In a patient of his, weighing two hundred and forty pounds, and except for the prostatic disease perfectly healthy, he followed this method. The usual straight antero-posterior perineal incision was met by a semicircular one embracing the anus and close to it. The rectum was next freed and the prostate, well in view all the time, was crowded down by a hand above the symphysis pubic. A stone-searcher occupied and outlined the urethra. Enucleation of all the lobes was accomplished without deliberate opening of the bladder or the urethra. The urethra was accidentally torn between the sound and the fingernail toward the end of the operation. This necessitated the drainage and the long after-treatment which would otherwise have been avoided. This tear can be escaped beyond doubt, the writer thinks. Where cystitis makes drainage necessary, a permanent catheter can be tried, or, failing in that, the urethra can be opened later in the perineum well forward. The removed prostrate in this case weighed 2 3-4 ounces.—Medical News.

AFFECTIONS OF THE SYMPATHETIC.

When we recall the association of the sympathetic nervous system with the nervous supply of the lungs it is surprising that affections

and irritations of that system are not more frequent in pneumonia. Perhaps when we are better acquainted with the physiology and pathology of that anatomico-physiologic enigma of medicine we shall be able to account for some of the riddles of pneumonia and its relation to the sympathetic.

In an article read before the Royal Medical Society of Edinburgh, J. Easton[54] related the careful study of the pupils in fifty-four cases of pneumonia. Forty-four per cent. were unequal, due to dilation of one pupil. In twenty-one of the twenty-four cases the large pupil was on the side of the pneumonia; in three it was on the opposite side. Of the twenty-four cases fifteen were apical pneumonias, four middle-lung, and two basal. Of the thirty that were equal, twenty-six were basal, four apical, all of which latter were in children. Dilatation of the pupils occurs early in apical pneumonias but late in basal. He explains the condition as an effect of an irritation of the sympathetic filaments from the second, third and fourth dorsal nerves. He also regards the flushed cheek as another example of the irritation of the sympathetic; two or three cases are noted which presented a blanched cheek on the pneumonic side; in two cases he observed a marked protrusion of the eyeball with widening of the palpebral aperture and dilation of the pupil on the same side complicating pneumonia of that side. This latter symptom complex is unquestionably due to sympathetic irritation.—Bulletin Cleveland Medical Hospital.

THE EFFTCT OF ALCOHOL ON DIGESTION.

J. A. Storck concludes from his experimental studies that small quantities of alcohol favor salivary and gastric digestion; large quantities inhibit salivary, gastric and pancreatic digestion. Alcohol, whisky, gin and brandy are less harmful to the digestive processes than are malt liquors and wines. The continuous use of alcohol, even in small amounts, is liable to prove detrimental to the digestive process. In persons of weak digestion alcohol, as a rule, is harmful unless given well diluted. Strong alcoholics should never be given when the stomach is free of food. Alcohol is a valuable food in disease; requiring no primary assimilation, it yields force rapidly to an exhausted system, and, in small quantities, it promotes appetite. It is well to bear in mind that the purer the whisky or the brandy, the less liable it is to produce digestive disturbances. According to Dujardin-Beaumetz, the toxic effects of the alcohols increase with their atomic weights, with the exception of the highest and the lowest. Finally it is true, as Wood says, that "science in no way contradicts the experience of every

bon vivant that the small doses of alcohol increase, and larger amounts interfere, with the activity of digestion."—New Orleans Medical and Surgical Journal.

SOLANUM CAROLINENSE IN TRISMUS NASCENTIUM.

Marcey (Pediatrics, Sept. 15, 1900), relates his experience with solanum in the treatment of this usually fatal disorder. He describes the case of a nine-months-old baby whose jaws were closely locked and voluntary muscles in a state of tonic contraction. The whole muscular system was in such a rigid state that the child could be lifted from the bed by the head and heels without a particle of relaxation. The bowels were constipated, urine suppressed and the abdomen retracted. After clearing the bowels with a dose of olive oil, a teaspoonful of a mixture containing one drachm of salanum and one ounce of syrup and water was given every three hours to quiet the patient and produce a drowsy condition; this condition was maintained for a period of two weeks. The nutrition of the child was carefully looked after during the time. The muscles of the jaw were the first to relax and the hands and arms soon followed, lastly the abdominal muscles softened and the thighs relaxed, disappearing in the order of their appearance, the attack lasting nearly four weeks. Two other cases were observed and treated without result, both of them dying. The directions in these cases, however, were not followed. The case which recovered was the only one in which the entire physiological effect of the drug was secured and maintained.

SCARLET FEVER AND COW'S MILK.

Hall (Med. Rec., 1899, No. 20), in a paper on scarlet fever, calls attention to the interesting fact that scarlet fever does not occur epidemically in countries in which cow's milk is not a staple article of food. Such countries are Japan and China. In India where cow's milk is used and scarlet fever is extremely rare, he believes the custom of nursing the thild until it is three or four years old is probably the reason for its non-occurrence in epidemic form. The frequency with which epidemics of fever have been traced to a certain milk supply, causes this article to furnish considerable food for thought. Hall refers to an epidemic of scarlet fever which occurred in London and was traced to a dairy in which the cows were found to be suffering from a vesicular disease of the udders. Pus was secured from these vesicles and injected into healthy calves who developed similar vesicles, manifested an elevation of temperature, developed a diarrhea and also a running at the nose. He also mentions a similar epidemic of like character at Wimbledon which was also traced to a certain dairy.

Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION OF ORTHOPÆDIC SURGERY.

(Meeting of Dec. 20, 1901).

GEORGE R. ELLIOTT, M. D., Chairman.

Dr. Royal Whitman presented a child 21 months old, suffering from a condition which had at first been mistaken and treated as tuberculous disease of the knee joint. The particular interest lay in the fact that it was rheumatoid arthritis; the mistake was not uncommon when the large joints alone were affected as the signs were similar in the early stage. At present, both knees are involved, also a wrist, ankle and the fingers. The case was presented first, because rheumatoid arthritis was rare in oung children, and to call attention to a common error in diagnosis.

TORTICOLLIS.

Dr. Whitman presented a patient showing the ordinary treatment of confirmed torticollis. The permanency of the cure was the especial point to be noted. The treatment was by the open method of complete division of all the contracted tissues, over-correction of the deformity and fixation for several weeks in plaster of Paris. The advantage of a thorough operation was the ability to dispense with apparatus, while after the subcutaneous method apparatus was often necessary because not always possible to completely overcome all deformity. The case showed to a moderate degree hemi-atrophy of the face which was very marked in some instances.

RADICAL TREATMENT OF CLUB-FOOT.

Dr. Whitman also showed the result of radical treatment of club-foot in a child eight years of age. One foot had been cured by the ordinary means in early life; the other foot was operated upon July last. The foot that recovered first was much larger than the other one—an illustration of the effect of deformity in retarding development. He considered the Phelps open operation the best of the more radical operations for the ordinary club-foot of childhood and adolescence. The advantage being that the inner border of the foot was lengthened instead of the outer side being shortened, as was the case in certain operations on the bones. This patient was not confined to

bed for more than one week, after that, it was allowed to walk about on the plaster of Paris bandage.

Dr. V. P. Gibney asked Dr. Whitman if the occurrence of rheumatoid arthritis in young children was frequent in the literature.

Dr. Whitman replied that he had not investigated the statistics on the subject, but that he had seen several cases in his practice and would judge that it was not exceedingly uncommon in early life.

Dr. W. R. Townsend said, in referring to the case of torticollis operated upon by Dr. Whitman, that he could not agree with Dr. Whitman as to the disappearance of the scar. He had seen many of these scars which looked well shortly after operation, yet had a tendency to grow more unsightly; he had even known keloid to develop. He thought that at all events patients should be warned of the possibility of a scar remaining.

Dr. Homer Gibney stated that he had seen a number of cases treated by both methods, open and subcutaneous. He had seen several scars disappear in young children. He considered the subcutaneous method the safest except in very severe cases.

Dr. T. Halsted Myers said a transverse incision would give the same exposure of the operative field and would enable the deformity of the scar to be better concealed.

Dr. Whitman had had no experience with keloid developing late in the scars; if such appeared it was usually within a few months after operation he thought. He stated it as his experience that the scars practically disappeared.

EXTREME DEFORMITY OF RICKETS.

Dr. V. P. Gibney presented two cases showing extreme deformity of rickets. The upper arms, back and legs were involved in one case giving the typical deformity of the disease. The second patient showed the lateral spinal curvature, the typical deformity of the thorax, beaded ribs, also deformity of the legs and arms. Both were being treated in the Bradford frame made convex in conjunction with general constitutional treatment.

CLUB-FOOT SHOE.

Dr. Gibney also presented a patient wearing a club-foot brace seen in Hartford and used by Dr. Cook as a modification of Taylor's club-foot shoe. In private practice he had been able with this apparatus to control some of the most obstinate cases. In the patient presented, treatment was begun when the patient was six weeks old. Several forms of apparatus had been used from time to time, but relapse had occurred. At prasent, after wearing the modified shoe the child holds her foot in perfect position and walks without deformity. The appa-

ratus is a good retentive one though it does not take the place of operation.

TALIPES EQUINO VARUS.

Another case of a child 21 months old was also shown by Dr. Gibney with talipes equino varus. The deformity was extreme and was corrected under an anaesthetic and various methods had been employed; the last time it was seen it presented the typical "reel foot." It was thought that if the head of the astragalus could be removed, the fascia divided and the foot replaced, a cure could be effected. A relapse occurred after six to eight months. Under anaesthesia the foot was forcibly put in calcaneo valgus. Later a club-foot spring with pelvic band was put on and served fairly well, except that two sets of apparatus had to be kept on hand. Finally the modified braces were used successfully.

CASE FOR DIAGNOSIS.

Dr. Gibney also presented a boy 11 years old for diagnosis. He came to the hospital some months ago with the history of an injury four weeks previous, having fallen, striking his hip. He got up and limped about, but the next night could not sleep; he had fever with delirium. On admission to hospital he walked with thigh flexed on pelvis, had little fever and complained of pain in the hip extending to the knee. He was thought to have hip disease and was treated with pulley in bed. After three weeks, the angle of extension was 110 degrees, flexion normal, practically no pain on pressure. There was no apparent abscess and the spinal column was not involved. The diagnosis became doubtful. In October fluctuation was thought to be detected under the vastus externus. Incision was negative. The original diagnosis was finally abandoned and the case was considered one of periarthritis.

Dr. Myers asked Dr. Gibney what would be his prognosis in the case of the spinal curvature in the rickety patient.

Dr. Whitman stated in reference to the case of rickets, that when the patient entered the hospital the spinal deformity was thought to be the most serious of the distortions, and that for that reason the patient was placed on the frame.

Dr. Gibney said that Dr. Whitman had partly answered the questions of prognosis. He thought the child should be kept in over-extension for a while longer, and that after that a brace would keep the spine in place, and as the child developed the deformity would be in a measure outgrown. He considered the cases easy to manage so long as they could be kept under observation in a hospital; outside, the prognosis was not so good; no manual force had been applied to these cases yet.

Dr. A. B. Judson suggested that while the children were being kept on the frame would be a good time to give mechanical treatment to the lower limbs.

Dr. Gibney considered the suggestion a good one and would adopt it.

Dr. S. A. Twinch asked what dietetic treatment was adopted.

Dr. Gibney stated that no scientific feeding was followed. Milk and Cod Liver Oil were given, sometimes iron. The object had been simply to keep the children well nourished.

Dr. Judson said that the club-foot shoe that was shown seemed more like a modified Taylor brace. It was evidently an effective apparatus. He noticed the absence of an ankle joint, which was very properly omitted, as better leverage was thus obtained and there was no good reason for the fear that want of motion in the brace would impair ultimate motion in the ankle.

Dr. Myers asked Dr. Gibney his opinion of tuberculin injection for diagnosis.

Dr. Gibney stated that he had not made use of these injection tests recently.

He cited a case at St. Luke's hospital (the first case tried there) where several lesions developed after the injections which some years have been required to relieve.

Dr. Townsend said that at a symposium on tuberculosis, recently held under the auspices of the New York County Medical Association, Dr. DeSchweinitz and others discussed the tuberculin test at length. The consensus of opinion as expressed by the men present was, that as a test for tuberculosis its value was doubtful and that the injections were inocuous.

INCIPIENT HIP DISEASE—RECOVERY.

Dr. A. B. Judson presented a girl 8 years old, who had been before the section on Nov. 16, 1900. At that time the history of left hip disease, covering 12 weeks, had included inconstant lameness, knee pain and reflex, night cries muscular atrophy and limitation of motion. A steel crutch and high shoe had been worn from November, 1900, to November, 1901. Recovery had been so complete that the only traces were 3-8 inch shortening and 1-4 inch muscular atrophy. The case illustrated the importance of early diagnosis. Traction and immobilization had not been sought. Recovery visited the limb freed from the weight of the body by being made pendant. In this artificial environment the focus was quenched which otherwise would have broken into flame.

A DEVICE FOR DEFORMITIES OF THE KNEE.

Dr. Judson presented a girl 10 years old, wearing a device useful in

deformities of the knee. The patient was Case III. White Swelling of the knee, presented to the Section Oct. 20, 1899. The problem was to prevent the fixative brace from seeking the inner side, where is caused knock-knee, and to keep it behind, to oppose flexion. The brace was made of one piece with the shoe in such a way that when the shoe was on the brace would be in the proper place. A light steel bar extended up the leg and was fastened to the upright part of the brace by a sliding ring keeper. Its lower part, bent at a right angle, was screwed to the under side of the heel of the shoe at an angle to secure the effect deesired, keeping the brace behind to oppose flexion or to the outer side to oppose knock-knee.

SOFTENING OF THE TIBIA.

Dr. J. P. Fiske presented a case of localized softening of the tibia at the age of adolescence. The patient, a girl, now 14 years of age, was first seen in 1898, when she complained of localized pain in the lower part of the leg well above the ankle joint, thought to be a referred pain due to improper gait. At strap bound around the part brought no relief. The curve at the lower part of the tibia increased. At this time a positive diagnosis of tuberculous disease was made by a distinguished consultant and fixation advised; plaster splint was worn for six months. At the end of that time the leg was in the same condition except atrophy, but measurements showed that the tibial curve had increased. Two months later exploratory incision revealed negative results. February, 1901, an osteotomy was performed in the lower 1-4 of the tibia, the fibula shortened 1-8 inch, the deformity corrected and leg put up in plaster. Ten days after the operation the patient was fitted with an ambulant splint and six weeks later walked without the apparatus. Since then there have been no sympoms. The diagnosis of softening of the lower part of the tibia seems to have been the proper one. There is no difference in the length of the tibiae.

CONGENITAL DEFICIENCIES.

A second patient presented by Dr. Fiske was one of congenial absence of fibulae and outer side of foot, with equinus. The patient was seen at the age of one year. The fibulae and several of the metatarsal bones were absent, also the heel was undeveloped. An osteotomy was performed at once with tenotomy on the tendo Achilles, the position of the feet corrected. At present child is able to go about with a light brace.

Dr. George R. Elliott asked Dr. Fiske what kind of softening was present in the lower third of the tibia in the patient he presented.

Dr. Fiske stated that he had not reached any definite conclusion. He saw no reason why it should not be included in the same class with softening of the neck of the femur occurring at the age of adolescence.

It might possibly be due to some error in development and in part to the weight of the patient.

DOUBLE CONGENITAL CLUB-FOOT.

Dr. Leonard W. Ely presented a patient one year old showing result of treatment for double congenital club-foot. The point of interest was that the right foot was treated uninterruptedly with a brace and the left with plaster of Paris. In contradiction to the general idea that plaster of Paris causes atrophy, the right leg was shown to be much smaller than the left.

TENDON TRANSPLANTATION.

Dr. R. A. Hibbs showed the result of tendon transplantation done in July, 1901, for paralysis of the tibialis anticus muscle. The extensor proprius hallucis was inserted into the periosteum of the scaphoid, and its distal end into the first division of the common extenus. The patient (21 years) exercised a good deal of intelligence in perfecting the action of the muscle with its new attachment. The foot had been in a position of marked valgus, with the scaphoid very prominent. The deformity was completely corrected. He stated that in all his cases during the past two years, when possible, he had attached the transplanted muscles to the periosteum.

Dr. Myers said the point mentioned by Dr. Hibbs in attaching the tendon to the periosteum was important; he did not believe in matting tendons together; the connecting bands stretched and the union was ineffecive. He had just dissected such a case. If the tendons were divided and the live one united to the tendon of the paralyzed muscle there was also often stretching.

Dr. Whitman said that the operation of perioteal tendon transplantation had been extensively practiced by Large of Munich who had reported many cases; his own experience with the operation had been favorable.

Dr. Fiske emphasized the importance of transplanting muscle tendons into the periosteum especiall when the muscle was to work at raising the inner side of the foot or the heel.

CONGENITAL DISLOCATION OF THE HIP UNDER TREATMENT.

Dr. Elliott presented a child, aet. 2 years, upon whom he had reduced a congenital dislocation of the hip by the Lorenz non-cutting method, showing the bandage in position. He presented the patient to show the position of the leg when the dislocation had been successfully reduced. A slight degree of hyper-abduction was necessary with the knee pressed back slightly posterior to the transverse axis of the pelvis. There was frequently considerable difficulty in getting the head of the femur into the acetabulum and of getting the knee down to the mid

transverse pelvic plane or posterior to it, but unless that could be accomplished the operation should be abandoned as a failure, as relapse was certain.

In the patient presented he felt quite positive of a good result.

INTESTINES, MUCOUS DISEASE OF THE.

Treatment.—It is important to attend to the diet and general hygiene. The food must be easily digestible, nutritious, more solid than liquid, and should be taken in small quantities, with three, if not four, hours between each meal. Sir Andrew Clark recommended cold baths in this disease. Their use must, however, be limited to the cylindrical and tubular types. In these, exercise also is sometimes beneficial. The bowels must be kept regular in all types or stages. In some cases during the passage of the tubes rhubarb and soda may be given with much benefit.

Glycerin suppositories are also useful. Enemata may be necessary. Calomel in small doses appears to render the faeces less offensive. The abdominal pain is sometimes difficult to alleviate. Warm fomentations are useful with opium or cannabis Indica, with belladonna internally. This may produce constipation, and thus such remedies must be used with great care.

Later in the disease bromide of potassium combined with iron seems in some cases to be of use; and in others quinine, arsenic, and strychnine are most beneficial. In the haemorrhagic type pilula plumbi cum opio has been useful. Francis Hawkins (Edinburgh Med. Journal, November, 1901).

THE CORONER.

We might almost as well revive the old Dutch office of the patroon in New York as to go on maintaining that of the coroner. Thoughtful men have long been of this opinion, and the Massachusetts office of medical examiner has commended itself to them, but it has taken "almost an earthquake," as Dr. Purdy remarks elsewhere in this issue, to bring the matter to the serious consideration of the people in general. If our district attorney lowered his dignity a little in a recent affair with a coroner's clerk, as has been reported, he, too, has done something to make New Yorkers realize the utter uselessness of that expensive institution, the office of coroner, for he has fixed public attention upon it.

It has more than once been recommended—and naturally the suggestion now comes up anew—that special medical officers connected with the board of health might properly perform the medical work now appertaining to the coroner's office, and that the board's existing resources for conducting chemical analyses and bacteriological investigations should be applied in the prosecution of such work whenever the necessity might arise, to the occasional great saving of expense, as has been shown in a number of murder cases within recent years. It would hardly be requisite, we presume, to couple any judicial function with the inquisitors' authority, for the district attorney, the grand jury, and the recorder would probably be free to exercise all the legal action that might be called for in any case of apparent criminal responsibility for a death.

Under any new order of things, of course, neglect and delay would have to be vigilantly guarded against, but doubtless it would be far more practicable to discipline appointed officers than those elected to serve for specified terms. Whether the investigation of deaths occurring under suspicious circumstances is made the duty of one set of medical officers or of another, the time has come, it seems to us, for some change to be made from the present cumbrous and antiquated methods. So far as we have been able to ascertain, no intelligent and disinterested citizens dissent from this view, and the people ought to be able to have their way in the matter without any great loss of time.—New York Medical Journal.

OPERATIVE INDICATIONS IN UTERINE FIBROIDS COMPLICATING PREGNANCY.

By Dr. Delageniere. (Le Progres Med., Oct. 19, 1901).

After a personal experience in seven cases, the author lays down the following rules: Abortion or premature delivery because of their larger mortality-rate is to be condemned. If the situation of the tumor indicates no danger during child birth, it is to be left alone. In the presence of threatening symptoms, in the case of viable children, vaginal or abdominal enucleation of the tumors should be done, and the pregnancy allowed to go to term. At term cesarian section followed by enucleation of the tumors should be done.

In the case of a non-viable or dead child in a non-infected uterus the same indications for surgical treatment in the above mentioned method should be followed. In the presence of infection, total or supra-vaginal hysterectomy becomes the operation of choice. The Porro operation should only exceptionally be considered.

Abstracts.

Excerpts from the Remarks Made by Dr. Albert C. Barnes of Philadelphia,

At the Second Annual Meeting of the American Therapeutic Society, held at Washington, D. C., May 8, 1901.

The paper of Dr. Reyburn just read merely reiterates the well-known fact that petroleum, when administered internally, is not absorbed from the gastro-intestinal tract, but, as is equally well known, a remedy may have the most pronounced physiologic effects purely on account of its mechanical properties. Dr. Robinson, of Philadelphia, states in the Medical News of July 14, 1900: "In over fifty selected cases where nutrition, digestion and body weight were impaired and the purest oil administered in one or two dram doses, four times a day for periods of from three to six months, there was in every instance increase in weight and improvement in health, strength and feeling of well-being. The gain in weight was five and a quarter to twenty-three and a half pounds. There was no other change in living conditions or medication which might have caused these improvements." These clinical effects have been noted and recorded by a number of other observers. The manner in which petroleum accomplishes these results is shown by the laboratory experiments described in detail by the speaker. It was found that the addition of petroleum to albumen digested by an artificial gastric juice under exactly the same conditions as prevail in the human system, very materially hastened and facilitated the process of digestion; it was more rapid and complete than in the same experiment conducted without petroleum. Furthermore, it was shown experimentally that the mechanical influence of petroleum upon the churning, peristaltic movements of the upper portions of the small intestines favorably influenced the processes of absorption. In view of these experiments, it can be safely concluded that the manner in which petroleum beneficially effects nutrition is by facilitating, expediting and completing the processes of digestion and assimilation of food. Another experiment described by the speaker was that conducted upon a man with marked malnutrition, in which the changes in metabolism were accurately studied for a period of three weeks by feeding the patient upon a normal diet and then determining the daily elimination of nitrogen in the urine and faeces. It was found that under the influence of petroleum the re-

tention of nitrogenous matter in the system was increased. As is well known, the only method of determining the influence of any agent upon nutrition is by determining the daily body elimination of nitrogen in the urine and faeces; if a patient's retention of nitrogen is increased, the most important element of the tissues is conserved, and nutrition is correspondingly improved. Furthermore, the facts that petroleum passes through the intestines in its original form, and that it is a solvent of many remedies administered for their antiseptic and astringent influence upon the intestines, indicate a useful field for petroleum as a vehicle. Robinson states (ibid.): "I have extensively given from five to ten grains of salol in two drams of this oil, four times a day, and reclaimed the oil from the faeces and found it to contain some salol and its components, phenol and salicylic acid. This proves the carrying of a chemical antiseptic and antiferment through the entire canal." This work has been corroborated by numerous other observers. The speaker stated in conclusion that the bulk of experimental and clinical evidence tends to show that petroleum is entitled to a wider field of application in medicine.

The Treatment of Nasal Catarrh by the General Practitioner.

By Eugene C. Underwood, M. D., Surgeon B. & O. S. W. R. R., Surgeon K. & I. B. Co., etc., Louisville, Ky.

(Abstract from St. Louis Medical and Surgical Journal, July, 1901.

I have long entertained the view that the general medical practitioner neglects to treat his patients for catarrh and sends them to a specialist when he could successfully manage these himself. In fact, the treatment of catarrh is very simple and the results which follow correct and systematic treatment are very satisfactory. In practice, two forms of chronic nasal catarrh are met. These are hypertrophic rhinitis and atrophic rhinitis.

The hypertrophic form is more generally seen, and is characterized by a thick mucous discharge from the nose, great liability to colds, obstruction of one or both nostrils, which forces the patient to breathe through his mouth, nasal intonation of the voice. There is more or less headache and the sense of smell is lost or impaired. There is dryness of the throat, deafness and other symptoms showing the extension of the disease to neighboring organs. Exostosis of the osseous structures often is seen.

Atrophic rhinitis (ozena) is characterized by a sense of dryness in the nose and throat, a thick, purulent discharge and the expulsion of

discolored crusts and an offensive putrid odor. The sense of smell is impaired and the patient is weak and anemic.

The mucous membrane is dry and glazed, but in advanced cases ulceration and necrosis are present.

The treatment consists of applications directly to the diseased area and the administration of such internal remedies as will correct any coexisting disease or morbid state. In some cases where there is occlusion by exostosis the resources of surgery must be invoked.

Let me examine more in detail the treatment of the types of nasal catarrh.

In simple chronic hypertrophic rhinitis the results of treatment will be most flattering. In a case attended with no constitutional disease nothing is necessary beyond having the patient spray the nasal mucous surface with a solution composed of equal parts of water and Hydrozone every three hours.

If the case has persisted some time and the patient has an amount of mucous discharge, I have him take twenty drops of balsam of copaiba four times daily. The Hydrozone is not only a disinfectant and germicide, but its curative action on the inflamed mucous membranes is speedy and is not equaled by any other drug I have ever used. When the patient is anemic I have him take iron, and any other drug is used when it is called for by any associated disease or morbid condition, but the Hydrozone spray is used in all cases.

In the atrophic variety we shall have to use the same local application. The Hydrozone at once overcomes the offensive odor and takes off the purulent crusts.

These cases must be treated with cod liver oil, iron and such other remedies as will bring up the general health.

Here are a few clinical histories:

Mr. R. H. M., aged 60, had been a sufferer for two years. There was no exostosis, but when he had a cold he could breathe only through his mouth. He was in good general health, so I had him buy an atomizer and use a spray composed of equal parts of distilled water and Hydrozone. He sprayed the mucous surface of the nose every three hours. On this he made rapid improvement and in three weeks had no further symptoms.

S. M. T., age 18, had chronic hypertrophic nasal catarrh in which the mucous discharge was very abundant, and this was associated with dryness of the throat and constant desire to hawk and spit. She used the Hydrozone and water spray, and took fifteen drops of balsam copaiba three times daily. I had the pleasure of seeing this young woman go along to complete recovery in a period of six weeks.

Mrs. R. J. C., age 49. This lady had atrophic rhinitis and as soon as she came near you the putrid odor asserted itself. Her general health was lowered. I had her use the Hydrozone and water spray and take cod liver oil internally. She spent last winter in Cuba, and has just gotten home greatly improved in general health and her catarrhal disease is better.

She says the spray effectually destroys the disgusting odor and that scarcely any discharge now appears.

I expect to see this patient entirely well in several months.

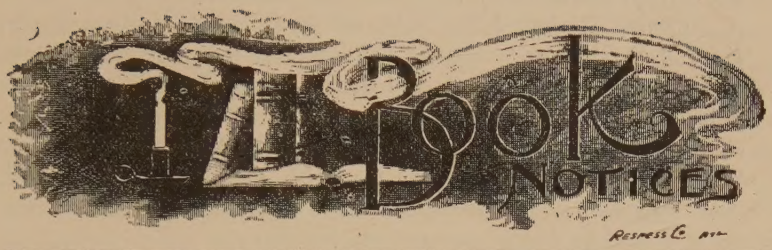
SCARLATINA, THE NASO-PHARYNX IN.

To clean and to disinfect the infiltrated mucosa in scarlatinous naso-pharyngitis, irrigations with 1 to 5 per cent. warm solutions of ichthyol, repeated every six hours, have been successfully used. A half pint is allowed to flow through the nares and the naso-pharynx from a fountain-syringe suspended about three feet above the patient. When the infiltration of the naso-pharynx has so far advanced as to obstruct the passage-way between nose and throat, irrigations will be found insufficient, for the fluid then returns through the other nostril without coming in contact with the surface of this cavity.

During the last year six cases of scarlatinous naso-pharyngitis in which irrigations were insufficient have been treated in a manner which readily overcame the obstruction. This consists in local applications with a 50 per cent. resorcin solution in alcohol. These resorcin-alcohol applications have proved themselves to be perfectly harmless, and are indicated in scarlatina as soon as the naso-pharynx becomes involved. A. Siebert (Archives of Pediatrics, August, 1901).

EPILEPSY, THE USE OF CHLORETONE IN.

Chloretone is a drug which, in selected cases, is an excellent substitute for the bromides. It is a drug which gives good results with decreasing dosage after the primary effect is obtained. In administering the drug, it is usually put up in capsules, and sufficient is given in the beginning to produce a hypnotic effect. In a large class of epileptic cases the fits occur most frequently at night, and one dose of 15 or 20 grains is given at night until a drowsy effect on the following day is produced; if the desired results in reducing the number of fits is obtained, the dose is reduced one-half and the patient kept on this indefinitely. The dietetic, hygienic, and constitutional treatment is rigidly enforced in conjunction with the administration of the chloretone. D. J. McCarthy (Inter. Med. Mag., August, 1901).



VECKI'S SEXUAL IMPOTENCE.

THE PATHOLOGY AND TREATMENT OF SEXUAL IMPOTENCE. By Victor G. Vecki, M.D. Third Edition, Revised and Enlarged. 12mo, 329 pages. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $2.00 net.

The reading part of the medical profession of America and England has passed judgment on this monograph. The whole subject of sexual impotence and its treatment is discussed bythe author in an exhaustive and thoroughly scientific manner. The former edition was exhausted in less than two years. In this edition the book has been thoroughly revised, and new matter has been added, especially to the portion dealing with treatment.

Although no one denies that the sexual function is of the very greatest consequence to the individual as well as to society in general, yet the subject of impotence has but seldom been treated in this country in the truly scientific spirit that its pre-eminent importance deserves, and this volume will come to many as a revelation of the possibilities of therapeutics in this important field. The author ventures to assert that in many cases it is a better deed to restore to an impotent man the power so precious to every individual, than to preserve a dangerously sick person from death, for in many cases death is preferable to impotence.

It is a well written, scientific work, and can be recommended as a scholarly treatise on its subject.

DORLAND'S AMERICAN ILLUSTRATED DICTIONARY.

THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY. For Practitioners and Students. A Complete Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the kindred branches, including much collateral information of an encyclopedic character, together with new and elaborate tables of Arteries, Muscles, Nerves, Veins, etc.; of Bacilli, Bacteria, Micrococ-

ci, Streptococci; Eponymic Tables of Diseases, Operations, Signs and Symptoms, Strains, Tests, Methods of Treatment, etc. By W. A. Newman Dorlan, A.M., M.D., editor of the "American Pocket Medical Dictionary." Second Edition, Revised. Handsome large octavo, nearly 800 pages, bound in full flexible leather. Philadelphia and London: W. B. Saunders & Co., 1901. Price, $4.50 net.

A large first edition of the work was issued in October, 1900. From the day of its publication the book met with a remarkably large sale, and the edition was exhausted in eight months. This immediate success is doubtless due to certain special features which distinguish this work from other books of its kind. The avowed object of the author has been to furnish in a volume of convenient size an up-to-date dictionary, sufficiently full for the requirements of all classes of medical men, or, in other words, to give a maximum of matter in a minimum of space and at the lowest possible cost. This object has been secured by the use of a large page, thin bible paper, and a flexible leather binding. The result is a truly luxurious specimen of bookmaking.

In this edition the book has been carefully revised. The author has also added upward of one hundred important new terms that have appeared in medical literature during the past few months. Among them appear "Anopheles," "Cryoscopy," "Johimbin," "Hemolysin," "Hedonal," "Sacrectomy," etc., words that have recently come prominently before the profession, and which of course are not to be found in any other dictionary.

Other valuable features of the book are to be found in the complete and satisfactory definitions, the etymological references in the original languages, and the clear method of indicating pronunciation. There are over one hundred new tables, and the illustrations add greatly to the usefulness of the book.

In the preface the author avows his intention of making the work represent as fully as possible the live literature of the medical sciences by keeping it in all respects thoroughly up-to-date.

THORNTON'S DOSE-BOOK AND PRESCRIPTION WRITING. DOSE-BOOK AND MANUAL OF PRESCRIPTION-WRITING: with a List of the Official Drugs and Preparations, and the more important Newer Remedies. By E. Q. Thornton, M.D., Demonstrator of Therapeutics, Jefferson Medical College, Philadelphia. Second Edition, Revised and Enlarged. Octavo, 362 pages, illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Bound in flexible leather, $2.00 net.

This work is intended for the student of medicine both during his

years of study as an undergraduate and the early period of his professional career. The volume will also prove of value to the practitioner of many years' standing for purposes of reference. In the revision additions have been made to the chapters on "Prescription-Writing" and "Incompatibilities," and references have been introduced in the text to the newer curative sera, organic extracts, synthetic compounds, and vegetable drugs. To the Appendix, chapters upon Synonyms and Poisons and their antidotes have been added.

As in the former edition, the volume will be a valuable work of reference for the practitioner, full of practical suggestions. To the student such a book is indispensable.

CHURCH AND PETERSON'S NERVOUS AND MENTAL DISEASES.

NERVOUS AND MENTAL DISEASES. By Archibald Church, M.D., Professor of Nervous and Mental Diseases and Head of Neurological Department, Northwestern University Medical School; and Frederick Peterson, M.D., Chief of Clinic, Department of Nervous and Mental Diseases, and Clinical Lecturer on Psychiatry, College of Physicians and Surgeons, New York. Third Edition, Revised and Enlarged. Handsome octavo of 870 pages, with 322 illustrations. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $5.00 net.

This work has met with a most favorable reception from the profession at large, two editions having been exhausted in as many years. It fills a distinct want in medical literature, and is unique in that it furnishes in one volume practical treaties on the two great subjects of Neurology and Psychiatry.

In this edition the book has been thoroughly revised in every part, both by additions to the subject matter and by rearrangement wherever necessary, to make it more acceptable to the practitioner and the student. Several sections have been entirely rewritten, and there have been added a number of new illustrations, an increased amount of tabular matter, and a series of diagrams that have proved of assistance in the solution of diagnostic problems.

DORLAND'S MODERN OBSTETRICS.

MODERN OBSTETRICS: GENERAL AND OPERATIVE. W. A. Newman Dorland, A.M., M.D., Assistant Demonstrator of Obstetrics, University of Pennsylvania; Associate in Gynecology, Philadelphia Polyclinic. Second Edition, Rewritten and greatly enlarged. Handsome octavo, 797 pages, with 201 illustrations. Phil

adelphia and London: W. B. Saunders & Company, 1901. Cloth, $4.00 net.

The first edition of this book was received with almost unanimous expressions of approval by the medical profession. In the revised editions it has been entirely rewritten and very greatly enlarged, so that it now forms a complete text-book of obstetrics along the lines that make the original edition so useful. A number of entirely new sections have been added, including chapters on the surgical treatment of puerperal sepsis, and the role of the liver in the production of puerperal eclampsia. Especial attention is given to the more recent pathology of obstetric conditions, as well as to the physiology and hygiene of pregnancy and labor; a more accurate elaboration of the mechanism of labor has been adopted. By new illustrations the text has been elucidated, and the science of modern obstetrics is presented in an instructive and eminently acceptable form.

CAMPHOR DRESSING FOR VARICOSE ULCERS.

Camphor is a drug which, for many years, was held in great esteem, especially in extra-professional circles; indeed, the late M. Raspail founded a school of therapeutics which still rejoices in great popularity in France, based on the use of camphor internally and externally as a curative agent. Its anti-spasmodic properties, though well authenticated, have of late fallen into disrepute, or at any rate into disuse, and externally it is only employed in this country in the form of a liniment of which it is but a subsidiary constituent. Two German physicians have recently called attention to the value of camphor dressings in promoting the cicatrisation of varicose ulcers of the legs which are notoriously refractory to treatment. They make use of an ointment containing 2 per cent. of camphor, with from fifteen to twenty parts of oxide of zinc, or, if this be found too irritating, they prescribe a mixture of two parts of camphor with forty parts of zinc oxide, and fifty parts of olive oil. An alternative application is a solution of the drug in spirit, but this must only be applied after the ulcerated surface has been thoroughly cleaned of scabs and crusts of poultices. It is asserted that under this treatment the most obstinate ulcer will cicatrise within three weeks, which is more than is claimed for the much lauded oxygen treatment, over which, moreover, it has the advantage of being more generally applicable at a vastly smaller cost.—The Medical Press.